

STANDARD CERTIFICATE OF DEATH

State File No. 32945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether)

In this community Entire Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. near Jackson Mo  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE W. GREEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13  
year 1946 hour 2 minute 15 A.M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Hulda Bailey Green

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: Nov. 10 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1946 to Oct 13 1946  
that I last saw him alive on Oct 13 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 11 Days 3  
If less than one day  
hr. min.

Immediate cause of death Lobar Pneumonia

Due to Cold

Duration 6 days

9. Birthplace Millerwell Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions Myocarditis  
(Include pregnancy within 6 months of death)

Major findings: 108

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN about 10 years

11. Industry or business \_\_\_\_\_

12. Name John Green

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Cordialistes

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

(e) Means of injury 0

16. (a) Informant Jessie Green

(b) Address Jackson Mo RFD-2

17. (a) Burial (b) Date thereof Oct 14, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedgewickville Cemetery

18. (a) Signature of funeral director P. J. Miller

(b) Address Jackson

19. (a) 10-16-1946 (b) C. C. Summers  
(Data received local registrar) (Registrar's signature)

23. Signature J. P. Debbugh (M. D. or other) \_\_\_\_\_

Address Jackson Mo Date signed 10-15-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

License No. 4  
File Number 1046-227  
Date Filed 10-21-46

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Gene C. Craught*  
Licensed Embalmer No. *4327*  
P. O. Address *Jackson, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**