

FILED DEC 5 1946

State File No.

Registration District No. 96

Primary Registration District No. 5300

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Purcell Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Purcell
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alfred Leander Green

3. (b) If veteran, name war None 3. (c) Social Security No. 7077E

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Effie Green 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb 12 1888
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days If less than one day
hr. min. 0

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name RUFUS B. Green

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

14. Maiden name Armentrout Romers

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

16. (a) Informant Mr. Loren Green

(b) Address Urban, Mo

17. (a) Burial (b) Date thereof Nov-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel, Cent

18. (a) Signature of funeral director Conyhan & Pisan

(b) Address Urban, Mo

19. (a) 11-30-46 (b) Ernest Peterson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Nov 1 1946 to Nov 7 1946
and that I last saw him alive on Nov 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of stomach
2 yrs

Due to: Prophy Prol Kocoum, Chinc
Home Hypertension &therosclerosis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... H6 B
Of autopsy.....

Duration
2 yrs
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work..... (Specify type of place)
(e) Means of injury.....

23. Signature L. A. Pless (M? D? or other) MD
Address Urban Mo Date signed 11/7/46

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

77-7-21
12-7-71
11-16-2011

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 Allen W. Vaughan
Licensed Embalmer No. 4156
P. O. Address Arbana, 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.