

FILED JAN 14 1947

Registration District No. 385

Primary Registration District No. 3039

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Chariton 21

(c) City or town Marceline Rural 70
(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 George Washington Green

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1946 hour 12 minute 20 AM

21. I hereby certify that I attended the deceased from
Dec 20 1946 to 12/23 1946
that I last saw him imlive on 12/23 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Jda E. Standley Green

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased may 20 1867
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia 2 da

Due to Heart failure following shock

Due to Injury in auto accident

Other conditions Senility, arteriosclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 7 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Chariton Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: M.C. 8
Of operations _____

Of autopsy M.C. 8

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Johnson Lewis Green

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

14. Maiden name Susan Switzer

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

16. (a) Informant H. Derk Green

(b) Address Marceline mo

17. (a) Burial (b) Date thereof Dec 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director James Maughlin

(b) Address Marceline Mo

19. (a) 12/24/46 (b) L Shelton
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Auto accident 54

(b) Date of occurrence _____

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on a county highway
(Specify type of place)

While at work? Retiring home (Specify type of place) Means of injury _____

23. Signature C.A. Campbell M.D. (or other) _____
Address Marceline mo Date signed 12/24/46

JAN 29 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... Dale Bunch

Licensed Embalmer No. 4088

P. O. Address..... Marston 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.