. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 143

Primary Registration District No. 3006

Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home (If not in hospital or institution, write street number or location) Ripley
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: Ripley (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: John Riley Green
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Nancy Green
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 19 (Day) 1854 (Year)

8. AGE: Years 92 Months 6 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer Retired
11. Industry or business ____
FATHER
12. Name: Harrison Green
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Spry
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Willard Green
(b) Address: St. Louis, Mo.
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 1-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Pleasant Cem.
18. (a) Signature of funeral director: W. E. Burnett
(b) Address: Rockland, Missouri
19. (a) 1-10-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1947 hour 11 minute P M.
21. I hereby certify that I attended the deceased from cirrosis liver, 19____, to ____ 19____ that I last saw him alive on June 8 — 1943 and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia — Duration 1 day
Due to: Following Flu.
Due to: —
Other conditions: None (Include pregnancy within 3 months of death)
Major findings: Of operations: None 23A
Of autopsy: None

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): No
(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? No (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: W. D. Dysart (M. D. or other) M.D.
Address: Columbia Mo. Date signed 1-10-47

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(Licensed Embalmer's Statement on Reverse Side)

W. P. Dysert

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 14 1947

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 Wm E. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Ky

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.