

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 173

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 24 yr. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. 118 west Springfield, NR
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN Thomas 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 married
6. (b) Name of husband or wife Edith Green 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased September 22 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation watchman

11. Industry or business _____

MOTHER FATHER

12. Name Henry Green
13. Birthplace Dont (City, town, or county) (State or foreign country)
14. Maiden name Harding
15. Birthplace Dont (City, town, or county) (State or foreign country)

16. (a) Informant Edith B. Green
(b) Address Union Mo.

17. (a) Burial (b) Date thereof 1-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director E. F. Ottmann

(b) Address Union Mo.

19. (a) JAN 7 1947 (b) J. J. Paddek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1947 hour 6 minute 05 A. M.

21. I hereby certify that I attended the deceased from December 28 1946 to January 6th 1947; that I last saw him alive on January 6th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myelogenous leukemia

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Above

Duration

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 JR Madley (M. D. or other)

Address Barnes Hospital Date signed 1/6/46

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

JAN 29 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..... *E. H. Ottman*
Licensed Embalmer No..... *1686*
P. O. Address..... *Union 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.