

FILED APR 4 1947
262

State File No. _____

Registration District No. _____

Primary Registration District No. 5887

Registrar's No. 10500

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

1. PLACE OF DEATH: Ozark
 (a) County: rural - Bayou Twp.
 (b) City or town: (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 36 yrs (Specify whether years, months or days)
 In this community: _____

2. USUAL RESIDENCE OF DECEASED: Missouri Ozark 77
 (a) State: Missouri (b) County: Ozark
 (c) City or town: Elijah - rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: James H. W. Green
 3. (b) If veteran, name war: ---
 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: March 23 1947
 Year: 1947 Month: March Day: 23
 hour: 4 minute: 30 A.M.

4. Sex: Male
 5. Color: white
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: Senith E. Green
 6. (c) Age of husband or wife if alive: 58 years
 7. Birth date of deceased: February 12 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 22, 1947, to March 23, 1947, that I last saw him alive on March 23, 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	1	10	hr. _____ min.

Immediate cause of death: Acute dilatation of heart
 Due to: Myocardial degeneration

9. Birthplace: Willow Springs Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Farming

Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

11. Industry or business: _____
 12. Name: Ramie Green
 13. Birthplace: Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name: Martha Wnman
 15. Birthplace: Illinois
 (City, town, or county) (State or foreign country)

Major findings: Of operations: ASD
 Of autopsy: _____

16. (a) Informant: Mihner Green
 (b) Address: Elijah, Mo.
 17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof: 3-26-47
 (Month) (Day) (Year)
 (c) Place: burial or cremation: white oak Cem.

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

18. (a) Signature of funeral director: Gainesville, Mo.
 (b) Address: _____
 19. (a) 3-31-1947 (Date received local registrar)
 (b) Carl Davis (Registrar's signature)

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: 2

While at work? _____
 23. Signature: Daniel R. Sams (M. D. or Other)
 Address: Bakersfield, Mo. Date signed: 3-26-47

MAY 27 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..... *H. B. Hutcherson*

Licensed Embalmer No. *3431*

P. O. Address..... *Gainesville, 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.