

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(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 Life
years, months or days)

3. (a) PRINT FULL NAME ROSA MARGARET GREEN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Harry Forrest Green 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Jan-14-1919
(Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 9 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Christian Clausen

13. Birthplace Shelby Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Bessie Werr

15. Birthplace Shelby Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Forrest Green

(b) Address Emden, Mo.

17. (a) Removal (b) Date thereof Mar-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emden cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo.

19. (a) 3-31-47 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Emden, Mo. R. # 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 47 hour 7:00 minute — M. A.

21. I hereby certify that I attended the deceased from 3-21
1947, to 3-23, 1947
that I last saw him live on 3/23/47
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis
Duration _____

Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____
Of operations _____
Of autopsy W
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 J. H. K... (M. D. or other) _____
Address 1001 B... Date signed 3/24/47

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.....

..... *Myself*, Registered Apprentice No.
working under my personal supervision.

Signed..... *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address..... *Shelbyville 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.