

FILED OCT 6 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 795

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2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Greene County Jail House 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

In this community 3 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Glidewell 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 5 (RURAL) 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK GREEN

3. (b) If veteran, name war None

3. (c) Social Security No. 490-18-2367

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Zelda Green

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

7. Birth date of deceased: February 7, 1904  
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Unknown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Frisco Railroad

12. Name Jackson Green

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

14. Maiden name Elia Crase

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

16. (a) Informant Mrs. Zelda Green (wife)

(b) Address R.F.D.#5, Glidewell, Missouri

17. (a) Burial (b) Date thereof Sept 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robberson Prairie Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-20-47 (b) W. E. Handley, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9, year 1947 hour 5: minute 35 A. M.

21. I hereby certify that I attended the deceased from 8:30 pm Sept 8, 1947, to Sept 9, 1947, that I last saw him alive on Sept 9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to arteriosclerosis or to a toxic condition of unknown

Due to Origin

Other conditions: Psychosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy aut.

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? \_\_\_\_\_

23. Signature James R. Unso (M. D. or other) MD.

Address Springfield, Mo. Date signed 9-11-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

ULI 14 1997

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.....

*Lee Mason*

Registered Apprentice No. *4177*

working under my personal supervision.

Signed *Janelle Mudd*

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.