

Registration District No. 387

Primary Registration District No. 4515

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Milan  
(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 8 1/2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105  
(c) City or town Milan 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Mary Etta Green

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

4. Sex F/W 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Chas R. Green 6. (c) Age of husband or wife if alive, dead, years  
7. Birth date of deceased 1 20 1862 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1947 hour 2 minute 10 M.  
21. I hereby certify that I attended the deceased from July 7, 1947, to Aug 8, 1947, that I last saw her alive on July 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Heart. Dis. Duration months

8. AGE: Years 85 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housewife

12. Name Hazel Kelley

13. Birthplace don't know (City, town, or county) (State or foreign country)

14. Maiden name Malattie Aiki

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

16. (a) Informant Rose Green

(b) Address Milan Mo

17. (a) Burial (b) Date thereof 8/5/47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director R. Green

(b) Address Milan Mo

19. (a) Sept 4, 1947 (b) Mrs. H. B. Harris (Date received local registrar) (Registrar's signature) 490

Due to Age

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy

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 0

23. Signature J. S. Montgomery (M. D. or other) Address Milan Mo Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

05  
10

RECEIVED  
District Inspector Officer No. 10  
District File Number 9-47-1262  
Date Filed SEP 15 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 Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Uxlan us

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.