No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1711

FILED FEB 3 1948

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 451 1/2 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No. 451 1/2 Locust Street 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha Green Paris
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 George Paris
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased February (Month) 8 (Day) 1880 (Year)

8. AGE: Years 67 Months 11 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Russellville, Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Green
13. Birthplace England 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Leah Green
15. Birthplace England 4
(City, town, or county) (State or foreign country)
16. (a) Informant George Paris
(b) Address Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Jan 20/48 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Janaury day 20th year 1948 hour 2 minute - - A. M.
21. I hereby certify that I attended the deceased from 11-29-47 ....., 19....., to 1-6-48, 19.....; that I last saw h.ev alive on 1-6-48, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 D
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature J. F. Gale (M. D. or other)
Address Chillicothe Mo Date signed 1/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.