

Registration District No. 38

Primary Registration District No. 5120

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Years
(Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")
(d) Street No. Boone County Infirmary 0
Route 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DORA GREEN

3. (b) If veteran, name/war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Warren Green 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 - 10 - 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Franklin Goslin
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nannie Hawkins
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Goslin
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-48
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parver Funeral Service
(b) Address Columbia, Mo.

19. (a) Mar 3 '48 (Date received local registrar) (b) Mrs R.E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
year 1948 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb 15
1948 to Feb 29, 1948
that I last saw him alive on Feb. 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs
Due to arteriosclerosis 5 yrs

Due to none of 20
Other conditions none of 20
(Include pregnancy within 3 months of death)

Major findings: no autopsy
Of operations no
Of autopsy no

PHYSICIAN
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) (c) Means of injury
23. Signature W. K. Schmitt (M. D. or other)
Address Columbia, Mo. Date signed 3-2-48

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

MOTHER FATHER

MAR 18 1948
DEPT. OF HEALTH
CITY OF NEW YORK
HEALTH OFFICER NO. 9
RECEIVED

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 Wesley H. Haring
Licensed Embalmer No. 4132
P. O. Address Columbia Md

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.