

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9672**

FILED APR 10 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **97**

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

1. PLACE OF DEATH: **Pettis**
 (a) County **Pettis**
 (b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 hours**
(Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME **ALLEN SCOTT GREEN**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **none**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Baby**
 6. (b) Name of husband or wife *********
 6. (c) Age of husband or wife if alive ******** years
 7. Birth date of deceased **3 - 24 - 1948**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **0** If less than one day **15 hr.** min.

9. Birthplace **Sedalia, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation *********

11. Industry or business *********

MOTHER FATHER { 12. Name **Oscar O. Green**

13. Birthplace **Neodesha, Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Betty June Emerick**

15. Birthplace **Carthage, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar O Green (father)**
 (b) Address **315 E. 5th, Sedalia, Mo.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **3/26/48**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Duane Ewing**
 (b) Address **Sedalia, Mo.**
 19. (a) **3-26-48** (Date received local registrar)
 (b) **Betty Yenger** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Pettis Missouri**
 (a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
 (d) Street No. **315 East 5th street**
(If rural, give location) **no**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION **March 25,**
 20. DATE OF DEATH: Month **March** day **25,**
 year **1948** hour **6:15** minute **A. M.**

21. I hereby certify that I attended the deceased from **3-24-48** to **3-25-48**
 that I last saw him alive on **3-24-48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital Heart Disease.**

Due to _____
 Due to _____

Other conditions **7E**
(Include pregnancy within 3 months of death)

Major findings: **7E**
 Of operations _____
 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? **b**

While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature **J. M. Rodeman** (M. D. or other) **MD**
 Address **Sedalia, Mo.** Date signed **3-25-48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-9-48

W. C. Ballance

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 *Drane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.