V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10220

State File No. 3308

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 98 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson 50
(c) City or town Hillsboro, R.F.D. #1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian Belle Green
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife William Garland Green
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec. (Month) 20th (Day) 1880 (Year)

8. AGE: Years 67 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Bethlehem (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Martin H. Graham
13. Birthplace Ware (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Amanda A. Witheight
15. Birthplace Ware (City, town, or county) Mo. (State or foreign country)
16. (a) Informant W. G. Green
(b) Address Hillsboro, Mo. R.F.D #1
17. (a) ~~Burial~~ (Burial, cremation or removal) (b) Date thereof 4-7-48 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Woodlawn Park
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address Lee Soto Mo.
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from December 28, 1948 to April 4, 1948; that I last saw her alive on April 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myelogenous leukemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed 4/4/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3306

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 Lee McChenshead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.