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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12154

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 313

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(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 Evan L. Green
3. (b) If veteran, name war WW I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased November (Month) 28 (Day) 1890 (Year)

8. AGE: Years 57 Months 4 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Macon City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name William L. Green
13. Birthplace Hamilton, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Mendenhall
15. Birthplace New Cambry, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant VA Records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe City, Mo.
18. (a) Signature of funeral director Tomm-Scherfel F Hom
(b) Address Springfield, Mo.
19. (a) 4-12-48 (Date received local registrar) (b) W E Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 11, 1948, to April 11, 1948; that I last saw him alive on April 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, Pulmonary, Far Advanced, Active	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 PAUL L. EISELE (M. D. or other) M. D.
Address O'Reilly VAH Springfield Mo Date signed 4/12/48

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

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 Harry Clyde, Registered Apprentice No. 479, working under my personal supervision.

Signed Lewis G. Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.