

FILED APR 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15216

State File No.

Registration District No. 362

Primary Registration District No. 3076

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1009 North Ash St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora J. Green

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased April 13 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Widow

11. Industry or business

12. Name John B. Rice
13. Birthplace Dk Missouri (City, town, or county) (State or foreign country)
14. Maiden name Tabita Bowles
15. Birthplace Dk. Dk. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Langdon
(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof 4-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schell City, Mo

18. (a) Signature of funeral director Arthur J. ...

(b) Address Harwood, Missouri

19. (a) 4-16-48 (b) Kathryn Yancy (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 North Ash St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 4 minute 35p M.

21. I hereby certify that I attended the deceased from 13 Dec. 1947 to 11 April 1948
that I last saw her alive on 10 Feb. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic Myocardial Degeneration

Due to Generalized Arteriosclerosis

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Ray W. K... M.D.
Address Nevada, Missouri Date signed 4/12/48

RECEIVED

District Health Officer No. 7,

District File Number 3-48-428

Date Filed March 22-48

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 _____

Licensed Embalmer No. 2709

P. O. Address Harwood 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.