No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15997

Registration District No. [redacted] 128 Primary Registration District No. [redacted] 2000 Registrar's No. 273A

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two (2) Days. (Specify whether
In this community ✓ approx. 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 414 1/2 S. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marcus Lee Green
3. (b) If veteran, name war ✓ unknown
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ? 9
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased July (Month) 6 (Day) 1885 (Year)
8. AGE: Years 62 Months 8 Days 25 If less than one day hr. min.
9. Birthplace Bakersfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James Robert Green
13. Birthplace Moody (City, town, or county) Missouri (State or foreign country)
14. Maiden name Flora Ann Wilson
15. Birthplace Alabama (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Jack Dilly [Sister]
(b) Address Cheetah Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hartland Mo.
18. (a) Signature of funeral director J. Harrison Sharp
(b) Address Springfield Mo
19. (a) 3-31-48 (Date received local registrar) (b) W. S. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-29, 1948, to 3-31, 1948, that I last saw him alive on 3-31, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Complications from exposure from laying down on R.R. right of way following
Due to Slashing of throat apparently self inflicted by knife, resulting in Drowning, Underlying, No great amount of blood loss.

Duration

Other conditions
(Include pregnancy within 3 months of death)
Exposure following suicide attempt

Major findings:
Of operations
Of autopsy

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) attempted suicide
(b) Date of occurrence Sun 3-29-48
(c) Where did injury occur? R.R. right of way Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rail road track
(Specify type of place)
While at work? no (e) Means of injury unknown

23. Signature [illegible] (M. D. or other) M.D.
Address Springfield Mo Date signed 4-1-48

(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 Lyre, Registered Apprentice No. 479, working under my personal supervision.

Signed L Doolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.