

FILED SEP 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

25432

Registration District No. 27

Primary Registration District No. 3000

Registrar's No. 83

## 1. PLACE OF DEATH:

(a) County: Bates  
 (b) City or town: Butler  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home of Russell Green, Butler  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: ---  
 (Specify whether  
 In this community: Most of life  
 years, months or days)

3. (a) PRINT FULL NAME Eliza Jane Green

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

4. Sex: F / 5. Color or race: W  
 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Jacob Green  
 6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: June 6 1853  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>2</u>	<u>28</u>	hr. min.

9. Birthplace: Murphysburo Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation: none Retired

11. Industry or business: House wife

12. Name: George K Roberts

13. Birthplace: Kentucky  
 (City, town, or county) (State or foreign country)

14. Maiden name: Betty Rhoades

15. Birthplace: Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Russell Green

(b) Address: Butler, Missouri

17. (a) Burial (b) Date thereof: 9-5-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oakhill Cemetery

18. (a) Signature of funeral director: Culver-Underwood

(b) Address: Butler, Missouri

19. (a) 9-5-1948 (b) Russell Green  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates  
 (c) City or town: Butler Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: SE of Butler Route 6  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4  
 year 1948 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from  
Sept 20 1948 to Sept 4 1948  
 that I last saw him alive on Sept 3 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Myocardial infarction  
of atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions:  
 (Include pregnancy within 3 months of death)

Major findings:

Of operations: 44 B

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) \_\_\_\_\_  
 (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: L. D. Larkins (M. D. or other) 2222  
 Address: Butler, Mo Date signed: 9-4-48

RECEIVED

District Health Officer No. 7

District File Number 8-48-106

Date Filed 9-13-48

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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

*John G. Anderson*

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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

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