

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28653

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 139

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada Center Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hospital 4 Wks
(Specify whether
In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Vernon
(c) City or town: Rural - Osage Twp.
(If outside city or town limits, write "RURAL")
(d) Street No.: Rich Hill RFD. #3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MAGGIE ELIZABETH GREEN

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

4. Sex: female 5. Color or race: white
6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Arlando T. Green
6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: October 5 1887
(Month) (Day) (Year)

8. AGE: Years: 60 Months: 10 Days: 11
If less than one day: hr. min.

9. Birthplace: Panama-Vernon Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: John Polk Crain

13. Birthplace: Lafayette County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Trammell

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

16. (a) Informant: John Green

(b) Address: Rich Hill, Mo. RFD. 3

17. (a) burial (b) Date thereof: AUG-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CARBON CENTER, MO

18. (a) Signature of funeral director: [Signature]

(b) Address: Rich Hill, Mo.

19. (a) 8-24-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 16th
year: 1948 hour: 5 minute: 23 p. M.

21. I hereby certify that I attended the deceased from March
1948, to August 16, 1948
that I last saw her alive on August 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: mesenteric lymphosarcoma
Duration: 4 wks

Due to:

Due to:

Other conditions: [None]
(Include pregnancy within 3 months of death)

Major findings:
Of operations: NO
Of autopsy: NO

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: [Signature] (Date signed: 8/20/48)

Address: Nevada, Mo.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-48-986

Date Filed 8-30-48

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.....

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.