

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1948

Registration District No. 349

Primary Registration District No. 4514

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

1. PLACE OF DEATH:

(a) County Sullivan
 (b) City or town Green City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Penn Twp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME James William Posey
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Tamsy (Robertson) Posey 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: November 19 1853
 (Month) (Day) (Year)

8. AGE: Years 94 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name William Posey

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

14. Maiden name Margaret Pilcher

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

16. (a) Informant Bertha A. Kent

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof Nov. 1, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City Cemetery

18. (a) Signature of funeral director Glenn E. Kentler

(b) Address Green City, Missouri

19. (a) 11-5-1948 (b) Paula Collett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105
 (c) City or town Green City
 (If outside city or town limits, write "RURAL")
 (d) Street No. No Street number
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
 year 1948 hour 8 minute 3 a.m.

21. I hereby certify that I attended the deceased from Oct 23 1948 to Oct 30 1948
 that I last saw him alive on Oct 30 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death General debility from old age & kidney failure
 Duration _____

Due to _____
 Due to _____

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

Major findings: Of operations 102
 Of autopsy _____
 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 0

23. Signature W. Huntington MD (M. D. or other)

Address Green City Mo Date signed 11-1-48

NOV 9 1918

RECEIVED

District Health Officer No. 10

District File Number

11-48-1918

Date Filed

NOV 8 - 1918

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.