.S. No. 300
Rev. 10.48

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12971

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 55 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 South, 24St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington,
d. STREET ADDRESS (If rural, give location): 204 South 24, St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle):
c. (Last): Green, Sr.

4. DATE OF DEATH (Month) (Day) (Year): April, 13, 1949

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5, 1894
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Mortuay
11. BIRTHPLACE (State or foreign country): Lexington, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Moses Green
13b. MOTHER'S MAIDEN NAME: May Jane Moore
14. NAME OF HUSBAND OR WIFE: Mrs. Ethel Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 487-05-0583
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ethel Green, Lexington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* 13 April, 1949, *that I last saw the deceased alive on* 12 April, 1949, *and that death occurred at* 8:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joe W. Wardwell
23b. ADDRESS: Lexington
23c. DATE SIGNED: 15 April 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/49
24c. NAME OF CEMETERY OR CREMATORY: Forest Green
24d. LOCATION (City, town, or county) (State): Lexington, Mo

DATE REC'D BY LOCAL REG.: 15 April 49
REGISTRAR'S SIGNATURE: Minnie Eastbrook
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Green & Sons Lexington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 19[illegible]

APR 26 [illegible]

APR 21 1949

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 _____ Student Embalmer No. _____ working under my personal supervision.

Signed J. Price Alexander

Licensed Embalmer No. 4745

P. O. Address Sedalia MO

Signed _____
Student Embalmer

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.

State of Missouri
County of Lafayette } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12971
Local Registrar's No.

On this 22 day of September, 1951, before me appears Mrs. Ethel Gree n, who, upon her oath, states that the original record of ~~birth~~ death for Harry R. Green, ~~born~~ died April 13, 1949, in the State of Missouri, and which was filed at Lexington, Missouri on 15 April, 1949, should be corrected as follows:

Item No. 10 should read Coal miner

Instead of Funeral director

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Ethel Green wife
Relationship.

204 So. 24th Street, Lexington, Mo.
Present Address.

Subscribed and sworn to before me this 22 day of September, 1951

My Commission expires 8 September 1954 Wm E Eustabrooks Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667