

FILED JUL 14 1949

State File No. _____

Registration District No. 199

Primary Registration District No. 4312

Registrar's No. 22

1. PLACE OF DEATH:

(a) County MACON
(b) City or town ETHEL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 yrs. years, months or days

3. (a) PRINT FULL NAME MARTHA BEATRICE GREEN

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

4. Sex FM! 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife LEROY GREEN 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased: April 5, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 2 28 hr. min.

9. Birthplace Ethel, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name William R. Phipps

13. Birthplace Macon Co, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Carroll B. Phipps

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

16. (a) Informant Mrs. Lovern

(b) Address Ethel, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1949 (Month) (Day) (Year)

(c) Place: burial or cremation Chariton Cem.

18. (a) Signature of funeral director Loren Funeral Service

(b) Address Ethel, Mo. 19
19. (a) July 4, 1949 (Date received local registrar) (b) Daphne Houvel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MACON
(c) City or town Ethel (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, year 1949 hour 13 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov. 10, 1948 to July 3, 1949 that I last saw her alive on July 3, 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration _____

Due to Hemorrhage

Due to Carcinoma - metastatic to colon - primary in stomach

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

Major findings: Of operations _____

Of autopsy 1747

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 B. G. Dinellen (Name or other) DO.
Address B. Franklin Mo. Date signed 7-4-49

RECEIVED

District Health Officer No. 10

District File Number 7-49-12

Date Recd JUL 1 2 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

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.