

No. 300
10-48

FILED MAY 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13778

2644

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>8644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2111 Patches St.</u>		d. STREET ADDRESS (If rural, give location) <u>2111 Patches</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>a.</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 30, 1906</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Wardaw, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Citizens as 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William A Green</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Green</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Green</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>332-14-3642</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Pearl Green, Hannibal Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc., meaning the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Suicide: By Shooting self with</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>32 Caliber pistol</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2976X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Crawford Smith Coroner</u>		23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>	23c. DATE SIGNED <u>5/6/50</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>5-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bury Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bury Ill. (State)</u>
DATE REC'D BY LOCAL REG. <u>5-6-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe O'Donnell Hannibal Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 10 1950
MAJOR S. HEALTH DLPT.
DATE FILED MAY 13 1950

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.

Student
Student Embalmer

Signed W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Shenandoah, Va

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 BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Marion } ss.

State File No. 13778.50
Local Registrar's No. 147

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of June, 1950, before me appears Mrs Pearl Green, who, upon her oath, states that the original record of death for William A. Green died 5-2, 1950 in the State of Missouri, and which was filed at Hannibal, Mo. on 5-6, 1950, should be corrected as follows:

Item No. 4 should read 5-3-50

Instead of 5-2-50

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 Pearl Green . Wife
Relationship.

2111 Patchen St. Hannibal, Mo.
Present Address.

Subscribed and sworn to before me this 15th day of June, 1950.

My Commission expires _____
City Clerk W. Fisher Hannibal, Mo. Notary Public

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