

STANDARD CERTIFICATE OF DEATH

State File No. **2031**
Registrar's No. **4**

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **1908**

1. PLACE OF DEATH a. COUNTY Remount		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Remount	
b. CITY (If outside corporate limits, write RURAL and give township) Herrondale		c. CITY (If outside corporate limits, write RURAL and give township) Herrondale	
c. LENGTH OF STAY (in this place) 3 1/2 yr		d. STREET ADDRESS (If rural, give location) Holland Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holland Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) 1-19-51		
5. SEX F	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-15-1867	9. AGE (In years last birthday) Months Day Hours Min. 85 9 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Wash Co Miss		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Stas Green	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stas Green	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No medical aid		INTERVAL BETWEEN ONSET AND DEATH 7955
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) No foul play		
	DUE TO (c) old age		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 **1 P.** m., from the causes and on the date stated above.

23a. SIGNATURE S. J. Johnson		23b. ADDRESS R.O. Steele No. 207		23c. DATE SIGNED 1-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove	
24d. LOCATION (City, town, or county) (State) Holland Mo		25. FUNERAL DIRECTOR'S SIGNATURE German		25. ADDRESS Wend Co State Mo	
DATE REC'D BY LOCAL REG. 1-23-51		REGISTRAR'S SIGNATURE S. J. Johnson		249	

(Licensed Embalmer's Statement on Reverse Side)

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

0780

FILED JAN 31 1951

1-57-31

F. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John W German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.