

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1683
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85

(b) Township 1 Primary Registration District No. 1001 Registered No. 14

(c) City ST. JOSEPH (d) Street No. ST. JOSEPH HOSPITAL St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PEARL JUDY GREEN

(a) Residence, No. 6629 1/2 Brown St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 3, 1940

7. AGE YEARS MONTHS DAYS 0 0 1 If LESS than 1 day, . hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Asa Eldon Green

14. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elsie Darlene McClain

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri (STATE OR COUNTRY)

17. INFORMANT (Father) Asa Green (ADDRESS) 6629 1/2 Brown St Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Auburn DATE Jan 8, 1940

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph Mo

20. FILED Jan 8, 1940 H. J. Neethling Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 4th. 1940

22. I HEREBY CERTIFY That I attended deceased from at birth 1/3/40 - 4 -, 1940

I last saw her alive on 1-4-, 1940. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic disease of the newborn.

Date of onset

Other contributory causes of importance:

Toxemia of pregnancy / mother

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Robert T. Shoen, M. D.

(Address) 1250 1/2 W. 1st St. St. Joseph, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. J. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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, above space should be left blank.