

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town New Hampton Rural White Oak
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At home on farm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Entire life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
 (c) City or town New Hampton Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. On Farm White Oak Exp
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME JOSEPH M GREEN 650

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

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Maudie Green
 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 6 1864
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1940 hour 12 minute 45 AM

21. I hereby certify that I attended the deceased from 3-31 to 6-16, 1940
 that I last saw h. AM alive on May 20, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Atherosclerosis

Duration 4 years
3 yrs.

Due to 92C
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations None
 Of autopsy no

PHYSICIAN
 Underline the cause to which death should be charged statistically

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 W. H. Noble (M. D. or other) _____
 Address St. Louis Mo Date signed 7/5/40

MOTHER FATHER

11. Industry or business _____
 12. Name Daniel Green
 13. Birthplace Clay County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Charoline Johnson
 15. Birthplace Clay County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maudie Green
 (b) Address New Hampton

17. (a) Burial (b) Date thereof June 17 1940
 (burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak

18. (a) Signature of funeral director W. H. Noble 300
 (b) Address New Hampton

19. (a) W. H. Noble (b) W. H. Noble
 (Date received local registrar) (Registrar's signature)

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

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.

RECEIVED

District Health Officer No. 111

District File No. 740-1178

Date Filed JUL 9 1940

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 *me*

W G Noble

Registered Apprentice No.

working under my personal supervision.

Signed

W G Noble

Licensed Embalmer No. 2904

P. O. Address *New Hampton 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, above space should be left blank.