

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8356**

MAR 19 1941
Registration District No. **830**

Primary Registration District No. **4503**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town. Shelbina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community, _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby **102**

(c) City or town Shelbina **2**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. _____ (If rural, give location) **3**

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Cecil Green Jr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1941 hour 6 minute 30 A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 15 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 15, 1941, to Feb. 17, 1941; that I last saw her alive on Feb. 17, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
-	-	<u>2</u>	hr. _____ min. _____

Immediate cause of death Congenital cardiac disease with cyanosis. **2 days**

Due to _____

Due to 1574

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

9. Birthplace Shelbina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John Cecil Green

13. Birthplace Newton Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sue White

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy no

16. (a) Informant J. L. Green

(b) Address Shelbina, Mo.

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? _____

17. (a) Burial (b) Date thereof Feb. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

23. Signature R. L. Caldwell (M.D. or other) **DO**

Address Shelbina, Mo. Date signed Feb. 17

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina, Mo.

19. (a) 2-20-41 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 3-41-523

Date Filed MAR 10 1941

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

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

working under my personal supervision.

Signed.....

E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelbina, 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.