

FILED APR 11 1941

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bell City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Days
 years, months or days

3. (a) PRINT FULL NAME HAROLD JAMES GREEN
 3. (b) If veteran, name war *
 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 16, 1941
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 8
 If less than one day hr. _____ min. _____

9. Birthplace Bell City, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER { 12. Name Marion Green
 13. Birthplace Bell City, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ida Pixley
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Marion Green
 (b) Address Bell City, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gravel Hill cemetery

18. (a) Signature of funeral director Chiles Und. Co.
Bloomfield, Mo.
 (b) Address _____

19. (a) 3/5/41 (b) S. S. McKee
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Stoddard ¹⁰³
 (c) City or town Bell City. ⁰
 (If outside city or town limits, write "RURAL") ⁰
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? - 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd.
 year 1941 hour 4:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2/23 to 2/23, 1941,
 that I last saw him alive on 2/23, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death This child was sick from constipation of the bowels.
 Due to Cause of death: Constipation of the bowels.
 Due to _____

Other conditions The child was very frail
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

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?
 758 _____ (Specify type of place)
 While at work? no (e) Means of injury _____

23. Signature C. O. Burnett (M. D. or other) _____
 Address Bell City, Mo. Date signed _____

RECEIVED

District Health Officer No. 2,

District File Number 441-461

Date Filed 4/10/41

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 Deceased was not embalmed.

Licensed Embalmer No.....

P/O. Address.....

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.