

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15721
Registrar's No. 66

Registration District No. 273

Primary Registration District No. 6018A

1. PLACE OF DEATH:

(a) County St. Francois County
(b) City or town Near Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter
(c) City or town Van Buren
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Della May Greene

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Friend B. Greene 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased September 3 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name J. B. Lawson
18. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Snider
15. Birthplace Fremont Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Funeral (b) Date thereof April 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren, Mo.

18. (a) Signature of funeral director Waris - Leibel
(b) Address Van Buren, Mo.

19. (a) Apr 25-41 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1941 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from March 24,
1941, to April 17, 1941;

that I last saw her alive on April 17, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute exhaustion (agitated delirium)
Due to Involuntal Melancholia 6 years

Due to _____
Other conditions Malnutrition, marked ?
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy none

Duration 1 week
? 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? 699
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature C. C. Quets (M. D. or other) M.D.
Address Farmington, Mo. Date signed 4/18/41

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

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

J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address Van Buren, 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.