

FILLED NOV 13 1941

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

36257
Do not use this space.

1. PLACE OF DEATH
 (a) County Schuyler Co. Registration District No. 805
 (b) Township Liberty Primary Registration District No. 4484 Registered No. 0
 (c) City Lancaster Mo. (d) Street No. 1 (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 Malissa Angeline Green
 (a) Residence, No. Lancaster mo. 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Horsework
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co. Ill.

FATHER
 13. NAME George Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER
 15. MAIDEN NAME Emmaline Meyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Myrtle Keller
 (ADDRESS) Lancaster mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lancaster mo. DATE Oct. 23 1941

19. FUNERAL DIRECTOR Loyd Moore
 (ADDRESS) Worthing mo.

20. FILED Nov. 3 1941 Byrdie H. Drake, deputy
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1941, to Oct 21 1941
 I last saw her alive on Oct 21 1941. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
83a!

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signed) J. H. Keller M. D.
 (Address) Lancaster 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.

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RECEIVED

District Health Officer No. 10

District File Number 11-41-1991

Date Filed NOV 10 1941

STATEMENT BY LICENSED EMBALMER

I, Lloyd Moore, Licensed Embalmer No. 31571

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Moore
Licensed Embalmer No. 31571

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.)