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No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEC 23 1941

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 2562

1. PLACE OF DEATH:

(a) County. St. Louis

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

(c) Name of hospital or institution: Copley nursing home of
(If not in hospital or institution, give street number or location)

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

In this community. 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis 9th

(c) City or town. Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 943 Edmund Drive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS L. GREEN

3. (b) If veteran, name war. none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour _____ minute _____ M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife. Nora A Green

6. (c) Age of husband or wife if alive. 67 years

7. Birth date of deceased. July 8 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 27, 1941, to Dec 14, 1941, that I last saw him alive on Dec 14, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage (Paraplegia)

Duration 2 wks

9. Birthplace Ashmore Ill
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions 830-1
(Include pregnancy within 3 months of death)

10. Usual occupation unemployed

11. Industry or business Wm P Green

12. Name Wm P Green

13. Birthplace unknown Penna
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brown

15. Birthplace unknown Penna
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel G. Emerson

(b) Address 9419 May Overland Missouri

17. (a) Buried (b) Date thereof 12/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashmore Ill.

18. (a) Signature of funeral director. Paul R. Whitener

(b) Address 2615 Woodson Overland, Mo.

19. (a) DEC 16 1941 (b) C. H. McRaven
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations none

Of autopsy none

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 Paul R. Whitener (M. D. or other) MD.

Address 8923 Millard Overland Mo Date signed 12-15-41

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..... *Oscar F. Mueller*

Licensed Embalmer No..... *3039*

P. O. Address..... *Overland Park*

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.