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2024

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1942

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 9

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

400

1. PLACE OF DEATH:
 (a) County CLAY
 (b) City or town LIBERTY - RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: HI-WAY 69 NW/Liberty
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town LAWSON
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY ALMETA GREEN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan, day 29, year 1942 hour 5:30 minute _____
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him _____ 19____ and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife PEARLEY L. GREEN 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 26 1901
(Month) (Day) (Year)

Immediate cause of death accident automobile
 Duration _____

8. AGE: Years 41 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Telephone operator

11. Industry or business _____

MOTHER FATHER { 12. Name DAVID B. TAYLOR
 13. Birthplace TRENTON MO
(City, town, or county) (State or foreign country)
 14. Maiden name ARMILDA FRANCES COOPER
 15. Birthplace Holt Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident Auto
 (b) Date of occurrence 1-29-1942
 (c) Where did injury occur? 2 mi. north of Liberty Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Hi way
(Specify type of place)
 While at work? _____ (a) Means of injury _____

16. (a) Informant JAMES LAVARNE GREEN

(b) Address LAWSON, MO.
 17. (a) Removal (b) Date thereof Jan 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAWSON, MO.

18. (a) Signature of funeral director Wm. P. O'Connell
 (b) Address 111 N. 2nd, Liberty, Mo.

19. (a) 1-30-42 (b) Helen Carley
(Date received local registrar) (Registrar's signature)

23. Signature R. W. Grather coroner (M. D. or other) _____
 Address Wheeler Springs Mo Date signed 1-30-42

FEB 16 1942

FEB 9 1942

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-12-42

JUL 17 1945

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 Samuel D. Duesch

Licensed Embalmer No. 3286

P. O. Address Liberty 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.