

FILED JAN 30 1942

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

3892

Do not use this space

1. PLACE OF DEATH

- (a) County Sullivan Registration District No. 852
(b) Township Polk Primary Registration District No. 4518 Registered No. 1
(c) City or Milan Mo. (d) Street No. 1 St. 3
(e) Length of residence in city or town where death occurred 35 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Mary Alice Green
(a) Residence, No. Milan, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF ~~MARRIED~~ WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wm. B. Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1858

7. AGE YEARS 83 MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Ottumwa, Iowa
(STATE OR COUNTRY)13. NAME Andrew J. Harey14. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)15. MAIDEN NAME Josephine Hill16. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)17. INFORMANT Mrs. Leland Green
(ADDRESS) Milan, Mo.18. BURIAL, CREMATION, OR REMOVAL Cookwood Cem. Milan DATE Dec 16, 194119. FUNERAL DIRECTOR (NAME) Schwee's
(ADDRESS) Milan, Mo.20. FILED Dec 31, 1941 Elmo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 194122. I HEREBY CERTIFY, That I attended deceased from Aug., 1941, to Dec. 11, 1941I last saw her alive on Dec. 11, 1941. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - L. H. P. Date of onset 1940

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO

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? NO

If so, specify.....

(Signed) Earl Simpson, M.D.(Address) Milan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number.....

Date Filed

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.....

Frank D. Schwen....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank D. Schwen*.....

Licensed Embalmer No. *2016*

P. O. Address *Milan, 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.