

FILED MAR 16 1942

Registration District No. **120**

Primary Registration District No. **5172**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Camden**
(b) City or town **Russell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **70 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Camden**
(c) City or town **Roach (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LOUISE G GREEN**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 12 - 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

MOTHER; FATHER

11. Industry or business
12. Name **Ely Coffey**
13. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Ely**
15. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lois Green**
(b) Address **Roach, Mo**

17. (a) **Burial** (b) Date thereof **12-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Cemetery**

18. (a) Signature of funeral director **F. J. Jones**
(b) Address **Buffalo, Mo**

19. (a) **2-20-1942** (b) **Mrs. A. R. Jackson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** - day **19**
year **1942** hour **4** minute **a.m.**

21. I hereby certify that I attended the deceased from **Dec 11th 1937** to **Feb 19th 1942**
that I last saw her alive on **Feb 9th 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis about 5 yrs**

Due to _____

Due to _____

Other conditions **13/a**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **0**

23. Signature **F. J. Jones** (M. D. or other) _____
Address **Roach, Mo** Date signed **2-19-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15
00

RECEIVED

District Health Officer No. 7,

District File Number 3-42-238

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 _____

_____, Registered-Apprentice No. ~~1508~~

working under my personal supervision.

Signed

Leonard Blum

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.