

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

APR 7 1943
Registration District No. _____

Primary Registration District No. 3014

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(c) Name of hospital or institution: Her Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Liberty
(d) Street No. 378 W. Kansas St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ELLEN GREEN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color of hair White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Green 6. (c) Age of husband or wife if alive 22-1848
7. Birth date of deceased: April 22-1848
(Month) (Day) (Year)

8. AGE: Years 9 1/2 Months 10 Days 12 hr. _____ min. _____
If less than one day

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Matt

13. Birthplace Paris Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Parish

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

16. (a) Informant Mr. Ed Matt
(b) Address 202 Green, Liberty Mo.

17. (a) Burial (b) Date thereof May 5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church near Holt, Mo.
18. (a) Signature of funeral director Church - Archer Co.
(b) Address Liberty, Mo.

19. (a) Mar. 5 1943 (b) Edith Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1943 hour 12 minute _____ M.
21. I hereby certify that I attended the deceased from March 1st
1942 to March 4 1943
that I last saw her alive on March 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis Duration _____

Due to Old Age
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

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 Edith Early (M.D. or other) _____
Address Liberty Mo.

RECEIVED.

District Health Officer No. 8,

District File Number _____

Date Filed 4-6-43

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 _____

Edgar Archer

Licensed Embalmer No. _____

3311

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.