

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15666

State File No. _____

FILED APR 20 1943

Registration District No. 3427

Primary Registration District No. 6153-4104 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Advauce
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME David Columbus Green

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

4. Sex Male 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 _____

7. Birth date of deceased Nov. 6, 1856
 (Month) (Day) (Year)

8. AGE: Years 86 Months 03 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant Alvin Green(b) Address Advauce, Mo.

17. (a) Burial (b) Date thereof Feb. 22, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park18. (a) Signature of funeral director W. S. Morgan(b) Address Advauce, Mo.

19. (a) Feb. 25/43 (b) M. N. Thurew.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
 (c) City or town Advauce
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____
 1940, to Feb. 20 1943
 that I last saw him alive on Feb. 19 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions _____
 (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 _____

23. Signature E. C. Mastis (M. D. or other) NoAddress Advauce, Mo. Date signed 2/25/43

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

RECEIVED

District Health Office No. 2,

District File Number 443-552

Date Filed 4-19-48

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.....

Lloyd S. Morgan
working under my personal supervision.

Registered Apprentice No.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3261

P. O. Address Adelphi, Md.

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.