S. No. 2
M—5-42
5-17-39
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FILED NOV 6 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 35972

Registration District No. 339 Primary Registration District No. 6149 Registrar's No. 20.

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural- Duck Creek 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 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Rural-
(If outside city or town limits, write "RURAL")

(d) Street No. Dudley, RFD1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mack 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 married

6. (b) Name of husband or wife Dora Green

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. (Month) 9 (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace ~~Tenn~~ (City, town, or county) Tenn / (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Joe Green
13. Birthplace (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Susie-
15. Birthplace (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant Thomas Scates
(b) Address Dudley, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Dudley, Mo.

18. (a) Signature of funeral director Marshall Shain
(b) Address Fisk, Missouri

19. (a) Oct. 6 1943 (Date received local registrar) (b) J W Steinmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 Th
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from August, 1943, to September, 1943;
that I last saw him alive on September 28, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	
Due to Cardiac deficiency	years
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93e1
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Gordon C Hemphill (M. D. or other) DO
Address Fisk, Mo. Date signed 10/1/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1143-1371
Date Filed 11-3-43

NOV 9

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 .....

Licensed Embalmer No. 3474

P.O. Address Poplar Bluff, 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.