

FILED OCT 19 1944

Registration District No. 212

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Caplan, Mo
(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
In this community 4 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mantha Ellen Green

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

4. Sex F 5. Color or race W 6. (a) ~~Single~~, widowed, ~~married~~, divorced

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

7. Birth date of deceased March 7 1865
(Month) (Day) (Year)

8. AGE: <u>79</u> Years	Months <u>6</u>	Days <u>26</u>	If less than one day hr. min.
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9. Birthplace White Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home / Farm

12. Name Ragan Jackson

18. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Maude Brown

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

16. (a) Informant's own signature Lee Green

(b) Address Farm, Caplan, Mo

17. (a) Burial (b) Date thereof 10-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris City

18. (a) Signature of funeral director Wattkins Funeral

(b) Address State Police Bldg

19. (a) 10-7-44 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Caplan, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 3
year 1944 hour 10 minute 55 PM.

21. I hereby certify that I attended the deceased from Aug, 1944, to Oct 3, 1944
that I last saw her alive on Oct 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Due to Advanced age

Due to 107
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 J. R. ... (M. D. or other)
Address Caplan, Mo Date signed 10/3/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19311

RECEIVED

District Health Office No. 2,

District File Number 1044-1380

Date Filed 10-12-44

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.....

P. O. Address.....

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.