

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17613

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 93 days
(Specify whether years, months or days)

In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Johnson Green

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 6 1865
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>81</u> | <u>4</u> | <u>21</u> | _____ hr. _____ min. |

9. Birthplace Westville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

MOTHER FATHER

12. Name Johnson Green g

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

14. Maiden name Susan Swister

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

16. (a) Informant Verner Green

(b) Address Marceline, Missouri

17. (c) Burial (b) Date thereof May 29 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem., Marceline

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-27-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th 1946
year _____ hour 4.15 minute 15 M.

21. I hereby certify that I attended the deceased from February 24th 1946, to May 27th 1946
that I last saw him alive on May 26th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arterio Sclerosis - Advanced

Due to _____

Due to _____

Other conditions Amelitis - Ch. Prostatitis
(Include pregnancy within 3 months of death)

PHYSICIAN

Duration _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations None g

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(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? None

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J. B. Carline M.D. (M. D. or other) o

Address Sedalia Mo Date signed 5-27-46

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

351

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-4-40

JUN 28 1941

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 J.P.M. Cravy

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.