

FILED AUG 7 1946

Registration District No. 278

Primary Registration District No. 5909

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Demisept

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demisept

(c) City or town Cantlersville
(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 _____

3. (a) PRINT FULL NAME Lilburn L. Green

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife May S. Green

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Mar. 30 1900
(Month) (Day) (Year)

Immediate cause of death _____
accidental drown
Due to ferry wreck, boat turned over.

8. AGE: Years 46 Months 3 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Cantlersville Mo. 11
(City, town, or county) (State or foreign country)

Other conditions 18 1/3
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

10. Usual occupation County official

11. Industry or business _____

12. Name John W. Green

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

14. Maiden name Laura V. Coleman

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

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

(a) Accident, suicide, or homicide (specify) accident 78

(b) Date of occurrence 7-28-46

(c) Where did injury occur? Cantlersville, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mississippi River
(Specify type of place)

While at work no (a) Means of injury drown

16. (a) Informant May S. Green

(b) Address Cantlersville, Mo.

17. (a) Burial (b) Date thereof 7-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director LaFarge Ind. Co

(b) Address Cantlersville, Mo.

19. (a) 8-5-46 (b) Jesse B. Hicks
(Date received local registrar) (Registrar's signature)

23. Signature Jack Kelley Corones
(M.D. or other)

Address Post. No 3 Date signed 8-3-46

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

223902

8-46-180

AUG 14 1946

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Cauthersville

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.