

No. 2
-8-13
-17-39
X37823

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

FILED AUG 23 1946

Registration District No. **290** Primary Registration District No. **5967**

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural Union Township
(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 _____
years, months or days

3. (a) PRINT FULL NAME William Melvin 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 Single

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

7. Birth date of deceased January 12, 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12	7	3	hr. <u>0</u> min. <u>0</u>
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Wesley Green

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

14. Maiden name Velma Jones

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

16. (a) Informant William W. Green

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 8/17/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Mo.

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) Aug 21-46 (b) Louise B. M. Elbert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

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

(d) Street No. Near Dixon
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12 Aug 46
_____ 19 _____ to _____ 19 _____

that I last saw him alive on Aug 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asphyxiation

Due to Immersion in water for about 15"

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: agnosis - apnea
Of operations cardiac standstill

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence 12-Aug-46

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm - pond

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Edgar D. Hughes (M. D. or other) _____

Address Dixon Date signed 18-Aug-46

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.....

.....August 15, 1946....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred A. Sellers

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.