

FILED FEB 10 1947
Registration District No. **371**

Primary Registration District No. **4541**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County **Webster**
(b) City or town **Fadland, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Webster 112**
(c) City or town **Fadland**
(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 **Ollie Mae Green**

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

4. Sex **F. 1** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **W. E. Green** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Nov 29 1888**
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **12** If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) **Mo**

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER, FATHER { 12. Name **John Chatman**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) **Ill.**
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) **9**

16. (a) Informant **W. C. Green**

(b) Address **Fadland Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 12 - 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **West-Fixley Ceme.**

18. (a) Signature of funeral director **Kelley, Berrel**

(b) Address **Bergman, Fadland, Mo.**

19. (a) **JAN 28 47** (Date received local registrar) (b) **Plater W. Good** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10** year **1947** hour **5** minute _____ M.

21. I hereby certify that I attended the deceased from **April Fifteenth**, 1946 to **January 10**, 1947; that I last saw her alive on **January 19**, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Failure** Duration _____

Due to **Chronic myocarditis**

Due to **Hypertension arterio-sclerosis**

Other conditions **None** (Include pregnancy within 3 months of death)

Major findings: Of operations **No operations**
Of autopsy **No 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 **21**

23. Signature **G. R. Schultz** (M. D. or other) **MD**
Address **Fadland, Mo** Date signed **1/28/47**

RECEIVED

District Health Officer No. 6,

District File Number 247-178

Date Filed FEB 3 1947

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Hardland 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.