

FILED FEB 18 1947

Registration District No. **337**

Primary Registration District No. **4499**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County **Shelby**

(b) City or town **Shelbina**  
(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 **40 years** (Specify whether years, months or days)

In this community **40 years**

3. (a) PRINT FULL NAME **Fuller Green**

3. (b) If veteran, name war: **---**

3. (c) Social Security No. **-----**

4. Sex **Male** 5. Color or race **Colored**

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

6. (b) Name of husband or wife **Nellie M. Green**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **July 21, 1886**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>60</b>	<b>5</b>	<b>23</b>	hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **John Franklin Green**

{ 13. Birthplace **Marion Co. Missouri**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Hester Fuller**

{ 15. Birthplace **Marion Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie Green**

(b) Address **Shelbina, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 16 '47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shelbina, Missouri**

18. (a) Signature of funeral director **E. Hayes**

(b) Address **Shelbina, Missouri**

19. (a) **July 10-47** (b) **Krich Joynes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** **102**

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

(d) Street No. **11**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **1**

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14**  
year **1947** hour **2** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Oct 8** 19**46**, to **Jan 14** 19**47**.

that I last saw him alive on **Jan 14** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction of aorta** **3M-**  
**nephros**

Due to

Due to

Other conditions: **MD**  
(Include pregnancy within 3 months of death)

Major findings: **MD**

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) **2**

(e) Means of injury **hla**

23. Signature **J. L. Sweeney** (M. D. or other) **hla**

Address **Shelbina, Mo.** Date signed **Jan 27-47**

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-336  
Date Filed FEB 17 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.....:

*Paul E. Hayes*

Registered Apprentice No. *417*

working under my personal supervision.

Signed.....

*Jack Hayes*

Licensed Embalmer No. *3699*

P. O. Address. *Sheelina, 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.**