

FILED JUL 3 1947

Registration District No.

Primary Registration District No. 3000

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution 504 S. 2nd St.
(If not in hospital or institution, write street number or location)

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

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 504 S. 2nd St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie M Green

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from June 20 1947 to June 20 1947.
that I last saw her alive on June 20 1947 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Tom Green 6. (c) Age of husband or wife if alive 18^{1/2} years

7. Birth date of deceased Oct. 7 1886
(Month) (Day) (Year)

Immediate cause of death Apoplexy, cerebral Duration 3 hrs.

Due to Hypertensive heart disease 2 yrs.

8. AGE: Years 61 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Adair County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse W. Dean

13. Birthplace Adair Co. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Coffey

15. Birthplace Adair Co. Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Green

(b) Address 504 S. 2nd - Kirkville, Mo.

17. (a) Burial (b) Date thereof 6-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director J. J. J. Funeral Home

(b) Address Kirkville, Mo.

19. (a) 6-23-47 (b) State Lambert
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 9.30

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) (e) Means of injury ✓

23. Signature J. J. J. (M. D. or other) MD

Address Kirkville, Mo. Date signed 6-22-47

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

MOTHER FATHER

