

FILED JUL 23 1947

Registration District No. **173**

Primary Registration District No. **3096**

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Aurora Hospital**
(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 **Missouri** (b) County **Lawrence**
(c) City or town **Aurora**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Clarence Green**
3. (b) If veteran, **World War No. 1** Social Security name war **yes** No. **486-03-6209**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **29** year **49** hour **7** minute **20 A** M.
21. I hereby certify that I attended the deceased from **June 26** 19**49** to **June 29** 19**49**
that I last saw him alive on **June 29** and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan. 8** 19**91**
(Month) (Day) (Year)

Immediate cause of death **Cerebral apoplexy**
Duration _____

8. AGE: Years **58** Months **5** Days **21** If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Shoe Factory**

Major findings: Of operations **JCA**
Of autopsy _____

11. Industry or business _____
12. Name **John Calvin Green**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Fields**
15. Birthplace **Missouri**
(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) _____
(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 _____

16. (a) Informant **Mrs. Leta Green**
(b) Address **700 Morgan Ave. Aurora, Mo.**

23. Signature **W. F. Hurrer** M. D. or other _____
Address **Aurora Mo** Date signed **June 25-49**

17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation **Maple Park Cem.**

18. (a) Signature of funeral director **W. F. Hurrer**
(b) Address **Aurora, Mo.**

19. (a) **July 9-1949** (b) **Oran Mc Nally**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

REC'D
AUG 19 1947
SEP 6 1947

RECEIVED

District Health Officer No. 6;
District File Number 747-735
Date Filed JUN 21 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.....

..... Joe H. King, Registered Apprentice No. 509
working under my personal supervision.

Signed *Joe H. King*
Licensed Embalmer No. 3529

P. O. Address Aurora, 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.