

S. No. 2  
M-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28524

FILED SEP 8 1947

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville  
(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 4 7 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. West 11th St. (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John W. Green

3. (b) If veteran name war no 3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1947 hour 9 minute 15 A.M.  
21. I hereby certify that I attended the deceased from August 15, 1947, to Sept 1, 1947; that I last saw him alive on Sept 1, 1947; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Laura Virginia Green 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Nov. 25 1858  
(Month) (Day) (Year)

Immediate cause of death Pneumonia (Hypostatic) Duration 2 days

8. AGE: Years 88 Months 9 Days 6 If less than one day hr. min.

Due to Senility

9. Birthplace Clyfton Tenn  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Retired

Major findings: Of operations None

12. Name Thomas Jefferson Green

Of autopsy none

13. Birthplace Wayne Co. Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Churchill

15. Birthplace Wayne Co. Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Green

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 9-2-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie La Fayette Ind. Co.

18. (a) Signature of funeral director La Fayette Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) 9-5-47 (b) Prease B. Weeks  
(Date received local registrar) (Registrar's signature)

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. L. Carter (M. D. or other) MD

Address Caruthersville, Mo. Date signed 9/2/47

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

MOTHER FATHER

9-47-259

SEP 18 1957

AUG 19 1957

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.....

*Boyd B. Willis*

Registered Apprentice No. *19*

working under my personal supervision.

Signed *Noel C. Deane*

Licensed Embalmer No. *3941*

P. O. Address *Cynthiansville*

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.