

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

1. PLACE OF DEATH

(a) County HOWARD
(b) City or town GLASGOW
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution: Infant
In this community years, months or days: Infant

3. (a) PRINT FULL NAME WILLIAM FRANK GREEN
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, Infant
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive, years:
7. Birth date of deceased NOV. 16 1947
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business:

12. Name Frank Green
13. Birthplace Glasgow Mo.
14. Maiden name Betty Wilderson
15. Birthplace Glasgow Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Green
(b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof NOV 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Lindsey, Fremont
(b) Address Glasgow Mo.

19. (a) 11-20-47 (b) Registrar's signature
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Glasgow 2
(d) Street No. (e) Citizen of foreign country? No (Yes or No)
If yes, name country: 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 16 1947 to Nov 16 1947
that I last saw him alive on Nov 16 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death: Premature Birth

Due to:
Due to:

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

Major findings:
Of operations:
Of autopsy: 159

PHYSICIAN

Underline the cause of 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: 11

23. Signature Carl O. Neger (M. D.)
Address Raytown Mo. Date signed 11/16/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-3-47

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 J. Walker Cuddeley
Licensed Embalmer No. 3336

P. O. Address Glasgow, 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.