S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

Registration District No. 2078

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 42621

Primary Registration District No. 3054

Registrar's No. 126

**1. PLACE OF DEATH:**

(a) County: Pike

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

(c) Name of hospital or institution: 900 Ohio Street (If not in hospital or institution, write street number or location)

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

In this community: Lifetime

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Pike

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

(d) Street No.: 900 Ohio St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: MARY JANE GREEN

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

3. (c) Social Security No.: ____

4. Sex: Female

5. Color or race: Colored

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

6. (b) Name of husband or wife: Fount Green

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: May (Month) 3 (Day) 1878 (Year)

8. AGE: Years 69 Months 6 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

FATHER
12. Name: Oliver Rudd
13. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Kittie Douglas
15. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Isaac Green
(b) Address: Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Missouri

19. (a) 12-4-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 2 year 1947 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from II, 1942, to Dec 2, 1947; that I last saw her alive on October, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis + Hypertension

Due to: ____

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

Major findings: Of operations: None

Of autopsy: ____

Duration

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: None

(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? (Specify type of place)

While at work: ____ (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)

Address: Louisiana, Mo. Date signed: 12-3-47

(Licensed Embalmer's Statement on Reverse Side)

REGISTERED
District Health Officer No. 10
Date Filed JAN -6 1948

**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~~ and by Virginia M. Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.**