

No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8138

State File No. _____
Registrar's No. 12

Registration District No. 61 Primary Registration District No. 4107

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Eldorado Springs
(c) Name of hospital or institution: ~~Missouri~~ Nicholas Nussling Home
(d) Length of stay: In hospital or institution 5 Days
In this community 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Eldorado Springs
(d) Street No. City
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank GREEN
(b) If veteran, name war - - (c) Social Security No. 496-06-9167

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 29 year 1948 hour 3 minute 30 P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Green
6. (c) Age of husband or wife alive - - years
7. Birth date of deceased Feb. 28 1875

21. I hereby certify that I attended the deceased from Feb 20 1948 to Feb 29 1948
that I last saw him alive on Feb 29 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 0 Days 1

Immediate cause of death: Cerebral Hemorrhage
Due to: Arterio Sclerosis

9. Birthplace D'fiame Co. Ohio

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

10. Usual occupation Retired

11. Industry or business _____
12. Name Eli Green
13. Birthplace Ohio
14. Maiden name Minerva Faulks
15. Birthplace Ohio

PHYSICIAN
Underline the cause to which death should be charged statistically.
83A

16. (a) Informant Elizabeth Green
(b) Address 223 W. Spring, Eldorado Spgs., Mo

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof March 4, 1948
(c) Place: burial or cremation City Cemetery

While at work? _____
(Specify type of place) _____
(c) Means of injury _____

18. (a) Signature of funeral director
(b) Address
19. (a) 3-5-48 (b) J. E. Brown

23. Signature L. T. D. [Signature] of other _____
Address _____ Date signed 3/9/48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-278

Date Filed 5-23-48

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.....

James E. Kachleman, Registered Apprentice No. 44
working under my personal supervision.

Signed Floyd E. Carothers
Licensed Embalmer No. 4419

P. O. Address 6 Woodo Springs

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.