

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39456**

FILED DEC 27 1948

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 1350

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural, Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural, St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #5, So. 11th St. Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Hazel Green

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George H. Green 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 24 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 19 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Joseph Landis 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant George H. Green
(b) Address St. Joseph, Mo. R.R. #5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/19/48
(Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Walter Bowman
(b) Address St. Joseph, Mo.

19. (a) 12-18-48 (Date received local registrar) (b) E. G. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I viewed the deceased from December 11 1948 to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: 940
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Method of injury Car on

23. Signature B. W. Tadlock (M. D. or other) M.D.

Address King Hill Bldg. Date signed 12/14/48

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

MOTHER FATHER

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 312 So 10th St. Joseph, 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.