

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38020

State File No.

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.1. Box 144 (Henson community)</u>		d. STREET ADDRESS (If rural, give location) <u>R.1. Box 144 (Henson community)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnestine</u> b. (Middle) <u>Green</u> c. (Last) <u>Green</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(infant) U</u>	8. DATE OF BIRTH <u>Nov. 22, 1949</u>	9. AGE (In years last birthday) <u>--</u> IF UNDER 1 YEAR Months <u>--</u> Days <u>6</u> IF UNDER 1 HR. Hours <u>--</u> Min. <u>--</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willie Green</u>	13b. MOTHER'S MAIDEN NAME <u>Ethelee Cornelius</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Green, R.1. Box 144, Mo.</u> ADDRESS <u>Charleston, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7630	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from birth 11/29/49 to 11/28, 1949, that I last saw the deceased alive on 11/28, 1949, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Annie Leloy Tom</u> (Degree or title) <u>Registered Midwife</u>	23b. ADDRESS <u>Charleston, Mo. R.1. Box 91A</u>	23c. DATE SIGNED <u>11/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 30, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Lex Kilgus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 REC

RECEIVED

Miss. Co. Health D
County File No. _____

Date Filed DEC 9 - 19

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Frank J. Sparks

Signed _____
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.