

BIRTH NO. 46120-57 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN LANNIBAL
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission).
a. STATE MO. b. COUNTY MARION
c. CITY OR TOWN LANNIBAL
d. STREET ADDRESS 108 VIRGINIA ST.

3. NAME OF DECEASED (Type or Print)
a. (First) ALFRED b. (Middle) LEE c. (Last) GREEN III. 4. DATE OF DEATH 7-9-1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY 8. DATE OF BIRTH 7-6-1951 9. AGE (In years last birthday) 3

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) Hannibal MO 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ALFRED LEE GREEN JR 13b. MOTHER'S MAIDEN NAME BETTY JO WHITAKER 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NO. 17. INFORMANT'S SIGNATURE OR NAME Alfred Lee Green Jr. ADDRESS Hannibal MO

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease
ANTECEDENT CAUSES DUE TO (b) Transposition of the Great Vessels & Absence of Placenta Arteriosa
DUE TO (c) of Placenta Arteriosa
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7544 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 6 July, 1951, to 9 July, 1951, that I last saw the deceased alive on 9 July, 1951, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Samuel B. Landon, M.D. (Degree or title) 23b. ADDRESS Hannibal, Missouri 23c. DATE SIGNED 10 July 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 7-11-51 24c. NAME OF CEMETERY OR CREMATORY GRAND VIEW BURIAL 24d. LOCATION (City, town, or county) Hannibal MO (State)

DATE REC'D BY LOCAL REG. 7-10-51 REGISTRAR'S SIGNATURE Dr. E. M. Lucke FUNERAL DIRECTOR'S SIGNATURE Ralph Clark ADDRESS Hannibal MO

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

2644

RECEIVED JUL 17 1951
MARION CO. HEALTH DEPT.
DATE FILED JUL 18 1951

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 _____

Ralph Clark

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Harrison, 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.