

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

FILED MAR 10 1943

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Presnell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
 (c) City or town Kennett - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Ben Jim Green

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or Race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rozelia Green
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased September 1, 1879
 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 17
 If less than one day hr. min.

9. Birthplace Obion, County Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name James Watt Green
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca G. Wilson
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Ben Jim Green, Jr.

(b) Address New York City, N.Y.

17. (a) Burial (b) Date thereof 2-18-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Wilson

(b) Address

19. (a) Feb 23 (b) Paul Wilson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17,
 year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-2 to 2-17, 1943

that I last saw him alive on 2-17, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease - arteriosclerotic
Chronic myocarditis, Venous

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature Paul Wilson (M. D. or other)

Address Kennett, Mo. Date signed 2-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 243-217

Date Filed 3-8-43

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.....

working under my personal supervision.

This body was not embalmed

Registered Apprentice No.

Signed.....

J. Baker

Licensed Embalmer No.

2556-

P. O. Address

Kennett, 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.