

FILED JUL 25 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 yrs years, months or days

3. (a) PRINT FULL NAME Jasper Green

3. (b) If veteran. no name war. 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 5. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Aug. 9 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 29 hr. min.

9. Birthplace Breathitt Co. Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business  
12. Name Ernoch Green  
13. Birthplace Ky. 1  
14. Maiden name Sarah Michael Sparks  
15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Murphy  
(b) Address Lenora, Mo.

17. (a) Burial (b) Date thereof 1-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Country

18. (a) Signature of funeral director None  
(b) Address \_\_\_\_\_

19. (a) 1-9-42 (b) Frank Hyde M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon **101**  
(c) City or town rural **0**  
(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**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8  
year 1942 hour 12 minute 23 M.

21. I hereby certify that I attended the deceased from Dec 4 1941 to Jan 8 1942  
that I last saw him alive on Dec 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia **1: mo**  
Duration

Due to Nephritis ✓

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) Means of injury None

23. Signature Wm. H. Burton (M. D. or other) **mw**  
Address Lawrence, Mo. Date signed 1-8-42

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

101000

RECEIVED

District Health Officer No. 5,

District File Number 442318

Date Filed 7-24-72

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22421

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Rural, Bowland Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 25 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon  
(c) City or town Rural, Bowland Twp  
(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 .....

3. (a) PRINT FULL NAME Jasper 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. M

6. (b) Name of husband or wife Joa 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug 9 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 15 (If less than one day, in min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

18. (a) Signature of funeral director (b) Address

19. (a) 1-9-42 (Date received local registrar) (b) Frank Boyd MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1942 hour 9 minute 23 M.

21. I hereby certify that I attended the deceased from Dec 4 to June 3, 1942, that I last saw him Dec 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumoniae  
Due to Chronic nephritis  
Due to scirrhity

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131R  
Of autopsy .....

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

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 ..... (M. D. or other)  
Address ..... Date signed .....

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

SUPPLEMENTAL

S-22421