

No. 2  
4-12-40  
5-17-39  
I. X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29138

Registration District No. 719

Primary Registration District No. 2950

Registrar's No. 20

1. PLACE OF DEATH:  
(a) County PuTnam  
(b) City or town RURAL Green A.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7.5 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County PuTnam  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lucy Ann Maloney  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 28  
year 1941 hour 5 minute P. M.  
21. I hereby certify that I attended the deceased from Aug-18  
1941 to July 28 1941  
that I last saw her alive on July 27 1941  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

7. Birth date of deceased SEPT 19 1853  
(Month) (Day) (Year)  
8. AGE: Years 85 Months 10 Days 9 If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
10. Usual occupation HOUSE WIFE

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name FREDERICK BENEDICT  
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country)  
14. Maiden name DONT KNOW  
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

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

16. (a) Informant Eva J Lewis  
(b) Address Hutchinson Kansas  
17. (a) BURIAL (b) Date thereof 7-30-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation LIPP CEMETERY  
18. (a) Signature of funeral director GLENN E HENTSON  
(b) Address GREEN CITY Mo.  
19. (a) Aug 4-1941 (b) Mahorie Marton  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature E. J. Lewis (M. D. or other) \_\_\_\_\_  
Address Green City Mo. Date signed Aug 1941

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1748

Date Filed SEP 18 1941

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.