

FILED 1111 17 1942

State File No.

Registration District No. 779

Primary Registration District No. 6024

Registrar's No. 17

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Randolph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 94
(b) County 0
(c) City or town 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Sophia Rabare
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 21
year 1942 hour 6 minute 509 M.
21. I hereby certify that I attended the deceased from Jan 1941 to June 21 1942
that I last saw her alive on June 20 1942
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. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 19 (Day) 18 (Year) 66

Immediate cause of death Subarachnoid hemorrhage Duration 4 weeks
Due to arterio-sclerotic cerebral
arterio-ventral degeneration
Due to Cholelithiasis
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 8 Days 9 If less than one day hr. min.

9. Birthplace New Douglas Ill (City, town, or county) (State or foreign country)
10. Usual occupation Care of home

Major findings: Of operations Cholelithiasis
Of autopsy

MOTHER FATHER
12. Name John Willson Green
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Melina Hildets
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Shelly
(b) Address Desloge Mo
17. (a) Burial (b) Date thereof June 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Park View
18. (a) Signature of funeral director E. B. Boyer
(b) Address Desloge Mo
19. (a) June 22, 1942 (Date received local registrar) Byrdia Fuhrman (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

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

94
0
0

RECEIVED

District Health Officer Nos. 4
District File Number 742-959
Date Filed 7-9-42

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 C. Z. Baeyer
Licensed Embalmer No. 1671
P. O. Address Desloge 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.