

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2
3156
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 417
 (b) Township _____ Primary Registration District No. 3021 Registered No. 9
 (c) City Webb City (d) Street No. 814 N. HALL. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Herold Lee Greeninger 1655
 (a) Residence, No. 814 N. Hall St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
 ***** S I B I R T H *****
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHILD
 9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Missouri
 FATHER 13. NAME Earl Greeninger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain Missouri
 MOTHER 15. MAIDEN NAME Alberta Allen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo
 17. INFORMANT (ADDRESS) Earl Greeninger Webb City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Immortal Crem Jan 22, 1938 DATE
 19. FUNERAL DIRECTOR (ADDRESS) Webb City, Mo.
 20. FILED JAN 22 1938 R. B. Mays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938
 22. HEREBY CERTIFY, that I attended deceased from Jan 21 1938 to Jan 21 1938
 I last saw h. DEAD XRAY JAN 21, 1938. Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:
Stillborn - due to Syphilis Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? CL. INICAL Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) R. B. Mays 3rd M.D.
 (Address) Webb City, Mo.
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)

*No embalming done in this case - Steel born
J. L. O'Leary M.D.
requestor.*