

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

15674
 Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township Richmond Primary Registration District No. 5976B Registered No. 133
 (c) City Richmond (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 William D. Greenawalt
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Greenawalt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 16, 1869</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hale Mo.</u>			
	13. NAME <u>George Greenawalt</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Nancy Johnson Sumner</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
17. INFORMANT (ADDRESS) <u>James T. Bloss Richmond Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Mo.</u> DATE <u>April 23, 1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>E. Thurman Richmond Mo.</u>				
20. FILED <u>4-21</u> 19 <u>38</u> <u>Frank B. McDonald</u> Local Registrar. <u>Mo.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 20, 1938</u> 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
I last saw <u>him</u> alive on _____, 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>7:20 p.m.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>Coronary Occlusion</u>	Date of onset <u>2nd</u>
<u>Advanced Arterio-Sclerosis</u>	<u>9/13</u>
Other contributory causes of importance: _____	
Name of operation _____ Date of _____	
What test confirmed diagnosis <u>Clinical History</u> Was there an autopsy? <u>No</u>	
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? <u>No</u> If so, specify _____ (Signed) <u>Dr. W. H. Glaiser</u> , M. D. (Address) <u>Richmond, Mo.</u>	

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.

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.)