

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

3450
Do not use this space.

REC'D FEB 25 1939

1. PLACE OF DEATH

(a) County Pettis Registration District No. 665
 (b) Township _____ Primary Registration District No. 3032 Registered No. 20
 (c) City Sedalia or _____ (d) Street No. Bethesda Hospital St. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Esther Miller Greene

(a) Residence, No. _____ 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 Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William E. Greene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
53 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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 _____

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Miller

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT William E. Greene (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony Cemetery DATE Jan. 21, 1939
Benton Co. Mo.

19. FUNERAL DIRECTOR (NAME) Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED 1-21-39 Mrs. Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1939, to 1/19, 1939

I last saw him alive on 1/18, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia
Lobar
 Date of onset 1/16/39

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. D. Sneed, M. D.

(Address) Sedalia, Mo.

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
District Health Officer No. 8,
District File Number
Date Filed 2/9/39

STATEMENT BY LICENSED EMBALMER

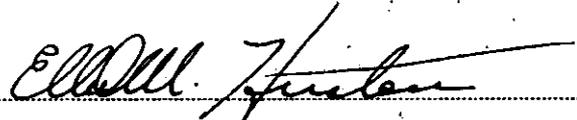
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Ellis M. Huston

, Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3391

P. O. Address Windsor, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.