REC'D JUN 19 1939

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

18963
Do not use this space.

49

1. PLACE OF DEATH

(a) County Jasper — Registration District No. 408

(b) Township Union — Primary Registration District No. 5565 — Registered No. 89

(c) City ..... (d) Street No. ..... 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Franklin Dee Robert Greek

(a) Residence, No. Carthage, Route #3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri 1 0

FATHER

13. NAME Franklin Greek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crowburt, Kansas Kansas

MOTHER

15. MAIDEN NAME Retha Catron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kendricktown Mo.

17. INFORMANT (ADDRESS) Franklin Greek Carthage, Route #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE 5-17-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Carthage, Mo.

20. FILED May 17, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on May 16, 1939 Death is said to have occurred on the date stated above, at 5:00 a.m. 5/16/39

The principal cause of death and related causes of importance were as follows:

Heart Block

Date of onset

Other contributory causes of importance:

Valvular Insufficiency

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? View

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) A. A. Winchester Coroner, M. D.

(Address) Joplin, Mo 4

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

RECEIVED
District Health Officer No. 6,
District File Number 6-6-39-1228
Date Filed 6-8-39

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2222

P. O. Address Carthage

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, above space should be left blank.