

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

**36478**  
 Do not use this space.

**NOV 28 1939**

1. PLACE OF DEATH  
 (a) County LACLEDE Registration District No. 1449  
 (b) Township..... Primary Registration District No. 4267C Registered No.....  
 or LEBANON (c) City..... (d) Street No. WALLACE 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLOYD M GREENSTREET  
 (a) Residence, No. SLEEPER MO 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>65</u>	<u>7</u>	<u>24</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
 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) LACLEDE Co (STATE OR COUNTRY) MO

FATHER 13. NAME DR I W GREENSTREET  
 14. BIRTHPLACE (CITY OR TOWN) FRANKLIN Co (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME LOUISA AVERITT  
 16. BIRTHPLACE (CITY OR TOWN) MEMPHIS (STATE OR COUNTRY) TENN

17. INFORMANT (ADDRESS) Mr J M Greenstreet  
SLEEPER MO

18. BURIAL, CREMATION, OR REMOVAL PLACE LEBANON DATE OCT 11 1939

19. FUNERAL DIRECTOR (NAME) PALMERS (ADDRESS) LEBANON

20. FILED 10-12-39 J A Mc Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Oct 9, 1939  
 I last saw him alive on Oct 9, 1939. Death is said to have occurred on the date stated above, at 12:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the colon

Date of onset

Other contributory causes of importance: Hb

Name of operation Colostomy Date of Aug 25 38  
 What test confirmed diagnosis? Specimen Was there an autopsy? Yes

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 none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) J L Beisage, M. D.  
 (Address) Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38  
 I X16603

RECEIVED

Lic. Dist. Officer No. 7,

License File Number 7-39-1587

Date Filed 11-10-89

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**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Robert Palmer

Licensed Embalmer No. 1161

P. O. Address Letran 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, above space should be left blank.**