

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2745

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 15

1. PLACE OF DEATH:

- (a) County Jasper
 (b) City or town Route 4 Marion
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 23 yrs (Specify whether _____
years, months or days)8. (a) PRINT FULL NAME LINZY SIOLE GREER8. (b) If veteran, no name war _____ 8. (c) Social Security No. no4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased May 31 1861
(Month) (Day) (Year)8. AGE: Years 78 Months 7 Days 18 If less than one day _____ hr. _____ min.9. Birthplace Diamond Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business None 012. Name Matt Greer 113. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ada Greer(b) Address Rt 4 Carthage17. (a) Burial (b) Date thereof Jan 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Springfield Cemetery18. (a) Signature of funeral director J. W. Miller(b) Address Carthage Mo 6119. (a) Jan 20 1940 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper
 (c) City or town Route 4 - Carthage
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1940 hour 1 minute P M.21. I hereby certify that I attended the deceased from Jan 17
_____, 1940, to Jan 17, 1940;that I last saw him alive on Jan 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Influenza Duration 1-16-40Due to Bronchial pneumoniaDue to Senility HNOther conditions none
(Include pregnancy within 3 months of death)Major findings: noneOf operations noneOf autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature George H. Wood (M. D. or other) M.D.Address Carthage Mo Date signed 1/20/40

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.

RECORD

I X1031

RECEIVED

District Health Officer No. 6,

District File Number 240-2187

Date Filled FEB 13 1940

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 P. W. K. Mee

Licensed Embalmer No. 814

P. O. Address Carthage 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.