

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 30556Registration District No. 547Primary Registration District No. 3029Registrar's No. 6

1. PLACE OF DEATH:

(a) County Marion DEC. FEB 7 1940
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2707 Heat Bird
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution in hospital
 (Specify whether
 In this community Thirty-five years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Alice Critchlow Greene

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced the lawed6. (b) Name of husband or wife George D. Greene 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 23 1860
(Month) (Day) (Year)8. AGE: Years 79 Months 5 Days 8 If less than one day _____ hr. _____ min.9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name James Critchlow13. Birthplace (No. not know)
(City, town, or county) (State or foreign country)14. Maiden name Jane Cooper15. Birthplace (No. not know)
(City, town, or county) (State or foreign country)16. (a) Informant's own signature [Signature](b) Address Hannibal, Missouri17. (a) Burial (b) Date thereof Jan. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grand View Burial Park18. (a) Signature of funeral director Ray P. Schwartz(b) Address Hannibal, Missouri19. (a) Jan 5-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)2. USUAL RESIDENCE OF DECEASED: 1(a) State Missouri (b) County Marion(c) City or town Hannibal
(If outside city or town limits, write "RURAL")(d) Street No. 2707 Heat Bird
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 31st.
year 1939 hour 6:30 minute _____ P. M.21. I hereby certify that I attended the deceased from September 18, 1939, to December 31, 1939;
that I last saw her alive on December 31, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death Coprosary (Cardiac) Sclerosis Duration _____Due to ArteriosclerosisDue to Senility 94

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(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 Frederick B. Spencer (M. D. or other) MD.Address Hannibal, Mo Date signed 1-3-40.

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.....

Ray P. Schwartz, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ray P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address..... *Hannibal, 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.