

JUL 9 1940
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community most of life (Specify whether
years, months or days)

8. (a) PRINT FULL NAME James O. Greens. 652

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Greens. 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 8 4 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Govt Missouri Power Plant

11. Industry or business _____

12. Name John L. Greens.

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Aura Harrington

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Greens.
(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof 6-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo. Cemetery

18. (a) Signature of funeral director Partners, (W.W.)
(b) Address Columbia, Mo.

19. (a) 6/24/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Worley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1940 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from Nov 1st
1939, to 6-21- 1940

that I last saw him alive on 6-20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Shock following Duration
Abdominal Operation and
removal of tumor of doubtful
Due to origin of disease Congenital

Due to _____
Other conditions 5 hrs
(Include pregnancy within 3 months of death)

Major findings: Neurofibromatosis
Of operations of mesentery of retroperitoneal
autopsy spaces

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 74

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

23. Signature Lloyd Simpson (M. D. or other) 1
Address Columbia, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAR 6 1950

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 M. S. Phiferides

Licensed Embalmer No. 3893

P. O. Address Calumet, MI

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.