

Registration District No. **227**

Primary Registration District No. **4339**

Registrar's No. **67**

69
029

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

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **PARIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **87 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Monroe**
(c) City or town **Paris**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME **LUCY FRANCES GREENUP**

3. (b) If veteran, name war. _____ 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Nathan Ellis Greenup** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOV. 15 1855**
(Month) (Day) (Year)

8. AGE: Years **87** Months **0** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Monroe Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Joseph Halm**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Nancy Mallory**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Jack Greenup**
(b) Address **Paris, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **NOV. 7-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill**

18. (a) Signature of funeral director **Spencer Blakey**

(b) Address **Paris, Mo.**

19. (a) **10-5-42** (Date received local registrar) (b) **E. H. Agnew** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **5** year **1942** hour **1** minute **15** A.M.

21. I hereby certify that I attended the deceased from **July 10** 19**37** to **Nov 5** 19**42** that I last saw him alive on **Nov 5** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis** Duration **unk.**

Due to **Unknown**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **12/10**

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 **M. C. McMurry** (M. D. or other) Address **Paris, Mo.** Date signed **11/5/42**

20 40
1942

RECEIVED

District Health Officer No. 10

District File Number 12-42-4005

Date Filed DEC - 7 1942

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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, fact should be so stated above.