S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42836

State File No.

Registration District No. 1 9 6

Primary Registration District No. 4308

Registrar's No. 21

1. PLACE OF DEATH: McDonald
(a) County
(b) City or town Noel
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald 60
(c) City or town Noel 0
(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 0

3. (a) PRINT FULL NAME Thomas W. Greenup

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ida Greenup
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Mar - 15 - 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Miller Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Greenup
13. Birthplace Mikenown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Lawson
15. Birthplace Mikenown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Ida Greenup
(b) Address Noel Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cem
18. (a) Signature of funeral director E R Pyatt
(b) Address Granite Ark
19. (a) Jan - 7 - 1944 (Date received local registrar) (b) Mrs E M George (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1943 hour 9 minute 9 A M.

21. I hereby certify that I attended the deceased from Dec 26, 1943, to Dec 31, 1943 that I last saw him alive on Dec 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. A. Leaming (M. D. ~~or other~~)
Address Noel Mo Date signed Jan 5/44

1304

(Licensed Embalmer's Statement on Reverse Side)

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. R. Pyeatt

Licensed Embalmer No. 437

P. O. Address Grovette Ark.

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.