

No. 2
-2-43
-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43156

State File No. _____

FILED JAN 14 1944
Registration District No. 277

Primary Registration District No. 3048

Registrar's No. 192

1. PLACE OF DEATH: Nodaway
(a) County: Nodaway
(b) City or town: Maryville
(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 _____
In this community: 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville
(d) Street No.: 123 East Torrance
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME: Katherine Greeley

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

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Unknown 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months (Unknown) Days _____ If less than one day hr. _____ min. _____

9. Birthplace: Unknown Ind. (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: _____

12. Name: John Greeley

13. Birthplace: unknown Ireland (City, town, or county) (State or foreign country)

14. Maiden name: Katherine Dooley (City, town, or county) (State or foreign country)

15. Birthplace: Mayo Co. Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Wm. Greeley (b) Address: Ottumwa Iowa

17. (a) (b) Date thereof: 12-15-43 (c) Place: burial or cremation: St. Patricks Cemetery

18. (a) Signature of funeral director: Price Funeral Home (b) Address: Maryville, Mo

19. (a) Dec. 12-43 (b) Amy Barber (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 12 year: 1943 hour: 11 minute: 55 P.M.

21. I hereby certify that I attended the deceased from June 10-1943 to Dec 12th 1943, that I last saw her alive on Dec 10th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure Duration: _____

Due to: Chronic valvular disease of heart. 1 yr.

Other conditions: Cardiac dropsy (Include pregnancy within 3 months of death)

Major findings: Of operations: _____ Of autopsy: _____ (Specify type of place) (e) Means of injury: _____

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: L.E. Dean (M. D. or other) M.D. Address: Maryville Mo Date signed: 12-14-43

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

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.