

FILED FEB 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4731
Registrar's No. 7

Registration District No. 260

Primary Registration District No. 6226

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Kearl Washington Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 13 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME NANNIE GREENLEE

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive? ? years
7. Birth date of deceased unknown 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 15 hr. _____ min. If less than one day

9. Birthplace Lagan Co Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leater Greenlee (son)

(b) Address Webb City Mo

17. (a) Burial (b) Date thereof 1/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Wedge Nelson

(b) Address Webb City Mo

19. (a) 1-7-44 (b) Agel B. Dewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1944 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 9 - 1930 to Jan 3 - 1944
that I last saw her alive on Jan 3 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration
Due to unknown

Due to _____
Other conditions chronic depressive psychosis
(Include pregnancy within 3 months of death)

Major findings: Depressed Type
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 Frank M. Rogers (M. D. or other) _____
Address State Hospital # 3 Date signed 1-4-44

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

MOTHER FATHER

1889

MAR 24 1948

RECEIVED

District Health Officer No. 7,
District File Number 1-44-3-8
Date Filed 2-4-44

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 [Signature]

Licensed Embalmer No. 12859

P. O. Address West City, 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.