

FILED JUL 10 1945

State File No.

Registration District No. 42

Primary Registration District No. 5156

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town ROCKFORD, KENTUCKY
(If outside city or town limits, write "RURAL" and name of township)
(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 1
In this community 40 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Bradley Greenwalt
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 Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 3 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace DEKALB CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name ANDREW JACKSON GREENWALT

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

14. Maiden name NANCY SLOAN

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

16. (a) Informant J.A. Greenwalt

(b) Address LATHROP MO.

17. (a) BURIAL (b) Date thereof 7-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT VIEW

18. (a) Signature of funeral director DEMOS CRUNK

(b) Address LATHROP MO.

19. (a) July 1-44 (b) Corinne Jamett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALDWELL
(c) City or town RURAL
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30
year 1944 hour 10:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 18, 1944, to June 30, 1944
that I last saw him alive on June 29, 1944
and that death occurred on the date and hour stated above:

Immediate cause of death Cardio-Renal Vasculer disease
Duration _____

Due to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131a
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?

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

23. Signature Clara E. Bucher MD. (M. D. or other)
Address LATHROP MO. Date signed July 2, 1945

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

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 28533

P. O. Address Richrop

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.