

FILED FEB 11 1946

Registration District No. 273 Primary Registration District No. 6269

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Rural - Ozark Township  
(c) Name of hospital or institution: X /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community wife years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Ozark Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26  
year 1945 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from  
Dec 2 1945 to Dec 26 1945  
that I last saw him alive on Dec 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Left Labor  
Due to Premia juv

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations 108  
Of autopsy

Duration

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 W.F. Behr (M. D. or other)  
Address ..... Date signed 1-10-46

3. (a) PRINT FULL NAME Minnie Mae Greer  
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William M. Greer 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November-23-1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 3 If less than one day X hr. X min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Cowen

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

14. Maiden name Mary Jane Hollis

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

16. (a) Informant Bester W. Greer (son)

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof 12-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke

18. (a) Signature of funeral director James

(b) Address Marshfield, Missouri

19. (a) 1/4/46 (b) J. McKinney  
(Date received local registrar) (Registrar's signature)

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

100935

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**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 \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address: Marshfield, Ma.

**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.**