

FILED MAR 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 4154

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South City 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 67 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Greenfield
(If outside city or town limits, write "RURAL")
(d) Street No. South City 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME CHARLES DIVINE

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Frances Divine 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 27 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name R. C. Divine
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Phena Russell
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Divine
(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 2-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fanning Cemetery

18. (a) Signature of funeral director Sam B. Samsen
(b) Address Greenfield, Mo.
19. (a) 2-21-46 (b) Lee L. Willy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1946 hour 8 0 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-4-46
to 2-8-46
that I last saw him alive on Feb 8
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes -
Due to Diabetic gangrene
of feet
Due to _____

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

Major findings: _____
Of operations: 61
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: 0
23. Signature H. O. Cowan (M. D. or other) _____
Address Greenfield Date signed 2-11-46

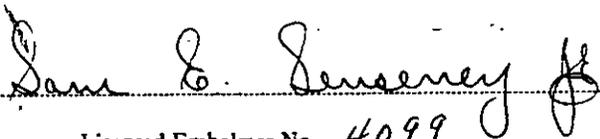
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9
1
0
4078

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..... *Sam L. Sencerney* 

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, 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.