

FILED MAY 16 1946

Primary Registration District No. **4107**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Springs**
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Lottie Greenstreet**

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 **Married**
6. (b) Name of husband or wife **John Greenstreet** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **March 27 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **3** If less than one day hr. min.

9. Birthplace **Nevada** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
12. Name **Charles Palmer**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **John Greenstreet**
(b) Address **El Dorado Springs, Mo.**
17. (a) **Burial** (b) Date thereof **5-2-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hazel Dell**

18. (a) Signature of funeral director **Lewis Carothers**
(b) Address **El Dorado Springs, Mo.**
19. (a) **5/11/46** (b) **J. C. Brannon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar** 24
(c) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **30**
year **1946** hour **4** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Jan. 12 - 1946** to **April 30, 1946**
that I last saw her alive on **April 28 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic interstitial nephritis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy **1370**

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 **J. Dawson** (M. D. or other)
Address **El Dorado Springs** Date signed **5/11/46**

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

14911

20
1
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RECEIVED
District No. 10
Date Filed 5-14-46
4-46-439

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 *E. L. Cantrell*
Licensed Embalmer No. *4419*
P. O. Address *E. L. Cantrell, Springfield*

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.