S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 293683

FILED FEB 11 1947

Registration District No. 7 Primary Registration District No. 6150 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural, New Lisbon (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) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Near Advance, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NELLIE FRANCIS GREER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Greer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 25 (Day) 1889 (Year)

8. AGE: Years 57 Months 5 Days 11 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Wilson
13. Birthplace Stoddard Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Julia Davis
15. Birthplace — (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Henry Greer

(b) Address Advance, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8 (Month) (Day) 1947 (Year)

(c) Place: burial or cremation Rock Point Cemetery Near Advance Mo

18. (a) Signature of funeral director Lloyd S. Morgan

(b) Address Advance Mo.

19. (a) 1-12-47 (Date received local registrar) (b) Lloyd Morgan (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 6 year 1947 hour 11 minute 36 P.M.

21. I hereby certify that I attended the deceased from ___, 1941, to Jan. 4, 1947; that I last saw her alive on Jan. 4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma (of face)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 53	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Masters (M. D. or other) DO

Address Advance, Mo. Date signed 1/11/47.

358 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-205
Date Filed 2-7-47

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 Floyd S. Morgan, Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.