

FILED APR 28 1948
Registration District No. 195

Primary Registration District No. 42.75

5
2
0

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

1. PLACE OF DEATH:

(a) County LAWRENCE

(b) City or town MARIONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CENTER ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE 53

(c) City or town MARIONVILLE 2
(If outside city or town limits, write "RURAL")

(d) Street No. CENTER ST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) ?
If yes, name country _____

3: (a) PRINT FULL NAME FUNICE GREENE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-18-6299

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife RALPH F GREENE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 4 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>12</u>	hr. min.

9. Birthplace CHRISTIAN COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name ROBERT C JARRETT

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

14. Maiden name MILLIE GRISHAM
(City, town, or county) (State or foreign country)

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

16. (a) Informant NANCY C GREENE

(b) Address M ARIONVILLE MO.

17. (a) BURIAL (b) Date thereof 4/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARIONVILLE MO.

18. (a) Signature of funeral director J.B. Harridge

(b) Address M ARIONVILLE MO.

19. (a) April 18 48 (b) Ora Mc. Natt
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1946 to April 16 1948
that I last saw her alive on April 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Artery occlusion.

Due to _____

Due to _____

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

Major findings: Of operations gla
Of autopsy _____

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 P.P. Galt M.D. (M. D. or other)

Address Marionville, Mo Date signed 4-17-48

Duration Long
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 448-543

Date Filed APR 27 1948

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.....

William A. Fulks

....., Registered Apprentice No. 29

working under my personal supervision.

Signed Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.