No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19158

Primary Registration District No. 2000

Registrar's No. 494

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (Res) 730 Nor. National (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 730 Nor. National (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME John Calhoun B. Greenhaw
3. (b) If veteran, name war UNKNOWN
3. (c) Social Security No. UNKNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth B. [redacted]
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased October (Month) 5 (Day) 1861 (Year)

8. AGE: Years 86 | Months 8 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Newton County, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business Building
FATHER
12. Name Ephern Greenhaw
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Miss Mabel Greenhaw
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield Mo
19. (a) 6-14-48 (Date received local registrar) (b) W. L. Hanley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 12 day 12 year [redacted] hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Apr 1947 to June 12 1948; that I last saw him alive on June 12 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal-Vascular Disease	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 [illegible] (M. D. or other) MD
Address Springfield Mo Date signed 6-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Julian R. Goodman Registered Apprentice No. 473 working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 3839

P. O. Address Springfield 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.