

FILED JUL 21 1948

Registration District No. 237

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4499

State File No. 25157
Registrar's No. 62

1. PLACE OF DEATH:

(a) County Shelby County
(b) City or town Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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) Fifty years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Annie Jane Greening

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 9th 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 29 If less than one day, hr. min.

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

10. Usual occupation House wife

11. Industry or business " "

12. Name James Clarkson

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

14. Maiden name Caroline See

15. Birthplace Shelby Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James T. Greening

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 7-11-1948
(Burial ~~XXXXXXX~~) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Million & Barkelow
(b) Address Shelbina, Mo.

19. (a) July 17-48 (b) Arch Jones
(Date received local registrar) (Registrar's signature) 307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1948 hour 8 minute 17 M.

21. I hereby certify that I attended the deceased from June 10, 1948, to July 8, 1948; that I last saw him alive on July 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 WK.

Due to chronic nephritis 6 yrs.

Due to _____

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

Major findings: Of operations 131B

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 2

23. Signature R. L. Caldwell (or other) _____

Address Shelbina Mo Date signed July 17/48

MOTHER FATHER

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

6761 12706

RECEIVED
District Health Officer No. _____
District File Number 7-48-1
Date Filed JUL 20 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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed W. H. Lewis

Licensed Embalmer No. 3495

P. O. Address Shilburn No

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.