CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

APR 20 1936

Do not use this space. F

11166

1. PLACE OF DEATH

County: Jasper — Registration District No.: 4-D.8 — File No.:

Township: Jackson — Primary Registration District No.: S.S.63 — Registered No.:

City: Carthage - Route 3 ..... St. ..... Ward)

2. FULL NAME: Henry E. Greninger

(a) Residence, No. ..... St., ... Ward. Carthage, Mo. R 3
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Greninger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4, 1862

7. AGE: Years 73 — Months 5 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton County, Pennsylvania

FATHER

13. NAME: Nathaniel Greninger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania

MOTHER

15. MAIDEN NAME: Lydia Overdorf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania

17. INFORMANT (ADDRESS): Garfield Greninger, South 4 Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Emanuel Cem. DATE: Mar. 22, 1936

19. UNDERTAKER (ADDRESS): Kneel Mortuary, Carthage, Missouri

20. FILED: Mar 24, 1936 A. B. Colinton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1936, to Mar. 19, 1936

I last saw him alive on Mar. 19, 1936. Death is said to have occurred on the date stated above, at Unknown

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Prostatic hypertrophy of unknown duration

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Rogers, M. D.

(Address) Carthage

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No. 11166

Township — Primary Registration District No. 5563 — Registered No.

City (No. , St. Ward)

2. FULL NAME Henry E. Greninger

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mid.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 73 — MONTHS 5 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Aug 7 1936 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset

~~From [illegible] [illegible] [illegible] [illegible] [illegible]~~

Other contributory causes of importance:
no other means of checking [illegible]

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. G. Hogan Coroner M. D.
(Address) Neck City, Mo.

5-11166