JAN 15 1938

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

44960
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township " " — Primary Registration District No. 3009 — Registered No. 409
(c) City Cape Girardeau — (d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Green Berry Greer
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Alice Greer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1862

7. AGE: YEARS 75 — MONTHS 8 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
10. Date deceased last worked at this occupation (month and year) Dec. 23, 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Missouri

FATHER
13. NAME Calvin Greer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Missouri

MOTHER
15. MAIDEN NAME Francis Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston, Missouri

17. INFORMANT (ADDRESS) Mrs. Frank Van Horne Sikeston, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Sikeston Masoleum DATE Dec. 28, 1937

19. FUNERAL DIRECTOR (ADDRESS) H. J. Welsh Sikeston, Missouri

20. FILED 12-26, 1937 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1937, to 12/26, 1937
I last saw him alive on 12/25, 1937. Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Ch — Date of onset

93C

Other contributory causes of importance: Coronary Thrombosis

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) [signature] M.D.
(Address) Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, H. J. Welsh, Licensed Embalmer No. 774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L. E. # 3704

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed H J Welsh

Licensed Embalmer No. ~~xxxx~~ 774

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.)