REC'D JUN 8 19[illegible]

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

18239
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township
(c) City Springfield, Mo.
(d) Street No. St. Johns Hosp. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 371

2. PRINT FULL NAME Mrs. Anna F. Greener 656
(a) Residence, No. 719 E. Page 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Greener
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE About 60 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Missouri 0

FATHER
13. NAME Joseph Wade 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 0

MOTHER
15. MAIDEN NAME Mary H. Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Geo. W. Greener Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE May 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer Springfield, Mo.
20. FILED May 3 1938 Chas A George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1938
22. I HEREBY CERTIFY, That I attended deceased from April 19 1938, to May 1 1938
I last saw her alive on May 1 1938 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Insufficiency
Date of onset
Other contributory causes of importance: Hypertension Urosepsis Urinary Lithiasis
Name of operation Nose since 1920 Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

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) James E Drury, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1947

DEC 23 1957

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, Ges

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Loolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.