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

REC'D MAR 21 1939

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

7573
Do not use this space.

1. PLACE OF DEATH
(a) County Ralls
(b) Township Saline
(c) City
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registration District No. ~~729~~ 930
Primary Registration District No. 5962
Registered No.
(e) Length of residence in city or town where death occurred 77 yrs. 6 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edmund Mason Greeves
(a) Residence, No. Ralls Co;Mo 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July IIth I86I
7. AGE YEARS 77 MONTHS 6 DAYS 29 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. Farmer
10. Date deceased last worked at this occupation (month and year) Feby 10th 1939
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo

FATHER
13. NAME William Ogle Greeves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

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

17. INFORMANT (ADDRESS) Mrs Walter Greeves Huntington, Mo R F D.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Demoss Chapel Ralls Co Mo DATE Feby I2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City;Mo
20. FILED 2/11 1939 J. E. F. [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby I0 th 1939
22. I HEREBY CERTIFY, That I attended deceased from No medical attention 19 to 19
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at I.10 m.
The principal cause of death and related causes of importance were as follows:
Death probably caused by Cerebral Hemorrhage
Date of onset
Other contributory causes of importance: 8741
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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~~ death occurred in industry, in home, or in public place.
Home
Manner of injury No Injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Clyde C. Wilbey (Coroner) M.D.
(Address) Perry, Mo. Ralls Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-398
Date Filed MAR 8 1939

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City M

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

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