

DEC'D JUL 11 1939

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

22165

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD or Primary Registration District No. 2001 Registered No. 527
(c) City SPRINGFIELD (d) Street No. Burge 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME DORA ANN GREATHOUSE
(a) Residence, No. 825 S Newton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-19-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) Ninewa MO

FATHER 13. NAME Gom Vestal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Mary A Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conway MO

17. INFORMANT (ADDRESS) Ruby Caloud Springfield MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Ninewa MO DATE June 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Hall Springfield MO

20. FILE June 29 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-27-1939

22. I HEREBY CERTIFY That I attended deceased from May 28 1939 to June 27 1939

I last saw her alive on June 27 1939 Death is said to have occurred on the date stated above, at 11:10 p. m.

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

Acute non-specific salpingitis
Date of onset Apr. 1-39

Other contributory causes of importance:
Chr. Myocarditis
Secondary anemia

Name of operation Salpingectomy Date of 6-23-39

What test confirmed diagnosis? clinical 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? no

If so, specify (Signed) Arthur D Knapp M. D.

(Address) 450 1/2 E. Conil St

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.....

Licensed Embalmer No. *7910*

P. O. Address *629 W Walnut*

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, above space should be left blank.

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