

OCT 29 1938

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

M=Neil  
33193  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
(b) Township \_\_\_\_\_ Primary Registration District No. 6683032 Registered No. 263  
(c) City Sedalia (d) Street No. 311 East 6th. 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.

2. PRINT FULL NAME 660 Annie Lee Greer

(a) Residence, No. 311 East 6th St. 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 Female 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) Dec. 25, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
55 8 6

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

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

FATHER 13. NAME M.M. Greer

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

MOTHER 15. MAIDEN NAME Annie E. Ainsworth

16. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Olive Stewart  
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville, Mo. DATE Sept. 3, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.

20. FILED Sept 3 1939 Mrs Harry Sued Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1939, 19

I HEREBY CERTIFY, That I attended deceased from June 15 1935, to Sept 1 1939  
I last saw him alive on Sept 1 1939 Death is said to have occurred on the date stated above, at 5 P m.  
The principal cause of death and related causes of importance were as follows:..

Coronary atherosclerosis  
Emphysema from smoking  
breast 5D

Other contributory causes of importance: None

Name of operation amputation of right leg Date of June 1935  
What test confirmed diagnosis? Histology & Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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 None  
(Signed) Chas. H. Sued, M. D.  
(Address) Sedalia, Mo.

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.

Date Filed 10/10/39  
District File Number  
LOCAL HEALTH COMMISSION NO. 8  
FOOTNOTED

**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, .....

*H. E. Beaulieu*

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

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

Signed *H. E. Beaulieu*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia Mo*

**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.**