

MOY 13 1940
Registration District No. 89 87

Primary Registration District No. 5129

State File No. _____
Registrar's No. 142

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sulphur
(b) City or town Rural - Beaver Dam Twp vs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days) _____

8. (a) PRINT FULL NAME Mary E Greer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Greer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 26 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ripley Co. (City, town, or county) MO - 0 (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
12. Name Chas S Cape
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Foster
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant W B Cape
(b) Address Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Fairdealing

18. (a) Signature of funeral director Minnie Fresh
(b) Address Naylor, Mo

19. (a) 4/17/40 (Date received by registrar) (b) Obditsinger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sulphur
(c) City or town Rural - Beaver Dam
(If outside city or town limits, write "RURAL")
(d) Street No. 0 on #14 highway 4 miles west of highway #67 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1940 hour 3 minutes 30 A.M.

21. I hereby certify that I attended the deceased from Dec 10 1939 to April 15 1940 that I last saw her alive on Nov 10 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction
bronchitis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Naylor (M. D. or other) Address Naylor Mo Date signed 4/16/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *Bryan P. McCord*

Licensed Embalmer No. *4079*

P. O. Address *Taylor 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.