

JUN 13 1940  
Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
409 Pearl St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Sarah Elizabeth Greening 655

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 Married

6. (b) Name of husband or wife William Greening 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 26, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 4 11 hr. min.

9. Birthplace Jackson County, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business \_\_\_\_\_

12. Name Joshua Jordon 9

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Mercer

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom Phillips

(b) Address 104 Oak St., Monett, Mo.

17. (a) Burial (b) Date thereof May 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eventide Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) 5-9-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 409 Pearl St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 28, 1940 to May 7, 1940, that I last saw her alive on May 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension and Ischemia

Due to \_\_\_\_\_

Other conditions Cardiac decompensation  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 95%

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? \_\_\_\_\_

31 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.

Address Monett, Mo. Date signed 5-8-40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 640-1340

Date Filed JUN 10 1940

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 \_\_\_\_\_

J. D. Buchanan \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. D. Buchanan \_\_\_\_\_  
Licensed Embalmer No. 3149 \_\_\_\_\_  
P. O. Address Monticello 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.