

STANDARD CERTIFICATE OF DEATH

State File No. 28366Registration District No. 297Primary Registration District No. 4144

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Dade
 (b) City or town Greenfield, Mo. Center.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Dr. Shannon's Office. 3
 (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) 5 11

8. (a) PRINT FULL NAME Hattie Pearl Engerham.3. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased August, 20, 1939
(Month) (Day) (Year)8. AGE: Years _____ Months 10 Days 27 If less than one day
hr. min. _____9. Birthplace Crisp, Mo. Rural. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ernest Engerham13. Birthplace Dade Co. Mo. 0
(City, town, or county) (State or foreign country)14. Maiden name Hattie Pearl Madden15. Birthplace Dade Co. Mo. 0
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ernest Engerham(b) Address Crisp, Mo. Rural.17. (a) Burial (b) Date thereof July, 18, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hickory Grove Cem.18. (a) Signature of funeral director G. W. Ward(b) Address Greenfield, Mo.19. (a) Sept 12, 1940 (b) G. W. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dade
 (c) City or town Greenfield, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 17
year 1940, hour 9 minute 30 P. M.21. I hereby certify that I attended the deceased from July
10, 1940, to July 17, 1940
that I last saw her alive on July 17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Diarrhea & Enteritis Duration July 7/40

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 J. W. Shannon (M. D. or other) DrAddress Greenfield, Mo Date signed Aug 2/40

RECEIVED

District Health Officer No. 6;

District File Number 940-2610

Date Filed SEP 17 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.....

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

Signed J. W. Ward
Licensed Embalmer No. 2832
P. O. Address Greenfield, N.H.

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.