

No. 2
-13-40
-17-39
X23159

State File No. _____

Registration District No. 583

Primary Registration District No. 5787

Registrar's No. 11

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town Rural *Jefferson Township*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
STOUTSVILLE Mo. R. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Apr 51 Year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONROE

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. STOUTSVILLE Mo. R. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Corneilus Earl Greening

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Freda Greening

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 12 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1940 hour 3 minute 25 P.M.

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

8. AGE: Years Months Days If less than one day

51 5 25 hr. min.

Immediate cause of death Cerebral hemorrhage Duration 6 hr

Due to _____

Due to stroke

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

9. Birthplace MONROE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Thomas A. Greening

13. Birthplace MONROE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Ann Bannister

15. Birthplace MONROE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Dwight Greening

(b) Address Stoutsville, Mo

17. (a) Burial (b) Date thereof Nov 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOUTSVILLE Cemetery

18. (a) Signature of funeral director Wilson T. So. N

(b) Address Monroe City Mo

19. (a) Nov 18 1940 (b) Op Thompson
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 515
While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature F. N. Linneman (M. D. or other) D.O.
Address Monroe City Date signed 11/9/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-40-2202

Date Filed DEC 7 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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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, fact should be so stated above.