

FEB 17 1941 STANDARD CERTIFICATE OF DEATH

State File No.

1574

Registration District No. 2

Primary Registration District No. 206

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Andrew  
(b) City, or town Union Star, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Empire  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Union Star (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.

3. (a) PRINT FULL NAME JENNIE C GREENSHIELD

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Greenshield 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 11, 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Harmersville, Ia.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name George Mayer  
13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Smeton  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Mayer  
(b) Address Union Star

17. (a) \_\_\_\_\_ (b) Date thereof Jan. 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lucile M. Wilson  
(b) Address King City, Mo.

19. (a) Jan 27 1941 (b) Mrs E C Jeffries  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26  
year 1941 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from June  
1935, to January 25, 1941;  
that I last saw her alive on January 25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease and Debility

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

Due to 1012

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? 13

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 52

23. Signature Patricia E. Rockwell (M. D. or other) MD

Address Union Star, Mo. Date signed 1/28/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King 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, above space should be left blank.**