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17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21453

State File No. _____

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Boley Liberty Twp.
(b) City or town Rural Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Her Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boley 24
(c) City or town Liberty 0
(If outside city or town limits, write "RURAL")
(d) Street No. Renton #1 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida May Greer
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17th
year 1941 hour 2 minute - A.M.

4. Sex Female 5. Color White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Feb 8 - 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20 1941 to June 17 1941.
that I last saw her alive on June 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Melancholia
Due to Several Arteriosclerosis 5 yrs.

8. AGE: Years 68 Months 4 Days 12 hr. min.
9. Birthplace Liberty Renton Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Home work

Other conditions (Include pregnancy within 3 months of death) 77

MOTHER FATHER
12. Name James O. Greer
13. Birthplace Plattsburg Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Paulina Plank
15. Birthplace Boley Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. O. Greer
(b) Address Liberty Mo. Rt #1
17. (a) Rural (b) Date thereof June 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Providence Liberty Mo
18. (a) Signature of funeral director Chas. Archer Co
(b) Address Liberty Mo.
19. (a) June 17-41 (b) Helena Easley
(Date received local registrar) (Registrar's signature)

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? Q 2 10
(Specify type of place) (e) Means of injury _____
23. Signature Burton Maltz (M. D. or other) MD
Address Liberty Mo Date signed 17-6-41

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

RECEIVED
District Health Officer No. 8,
District File Number
7-11-41
ate Filed

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.