No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28224

Registration District No. 288 Primary Registration District No. 4172 Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Dunklin

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

(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community

**2. USUAL RESIDENCE OF DECEASED:** 035

(a) State Missouri (b) County Dunklin

(c) City or town Holcomb, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William M Greenwood

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mattie Greenwood

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September (Month) 15 (Day) 1861 (Year)

8. AGE: Years 79 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Emerson Greenwood

13. Birthplace unknown (City, town or county) (State or foreign country) G

MOTHER 14. Maiden name Unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) G

16. (a) Informant Mrs. R. L. Martin

(b) Address Holcomb, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 (Month) (Day) 1941 (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell, Mo.

19. (a) Aug 19 - 41 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 14th year 1941 hour 12 minute 50 p. M.

21. I hereby certify that I attended the deceased from 7-18-41, 19__, to 8-14-41, 19__; that I last saw him alive on Aug. 14, 1941, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of stomach | 18 Mos. |
| Metastasis--generalized | 6 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

46B

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? (Specify type of place)

While at work? (e) Means of injury

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

Address Kennett, Missouri Date signed 8-16-41

RECEIVED
District Health Office No. 2
District File Number 941-1801
Date Filed 9-17-41

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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**