No. 2
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31894

Registration District No. 464 Primary Registration District No. 4270 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Bates City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Bates City 0
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward Levie Greer
3. (b) If veteran, name war No.
3. (c) Social Security No. 496-09-9280
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily Greer
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July (Month) 15 (Day) 1867 (Year)

8. AGE: Years 74 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Fleetwood (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business W.P.A.
FATHER
12. Name Edward Levie Greer
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Martha A Underwood
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Emily Greer
(b) Address Bates City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cem
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) (Date received local registrar) (b) 411 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1941 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from Oct. 1, 1941 to Oct 17, 1941;
that I last saw him alive on Oct 17, 1941
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Nephritis & Urinary Cystitis | 3 mo. |
| Due to Arteriosclerosis | 15 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

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?
none (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Oak Grove Mo Date signed 10/17/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Dean Owens, Registered Apprentice No. 283 working under my personal supervision.

Signed Raymond F. Martin

Licensed Embalmer No. 4120

P. O. Address Independence Mo

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

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

S. No. 2B
M—8-21-41
X29288

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

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State File No. 31894

Registration District No. 464 Primary Registration District No. 4270 Registrar's No.

**1. PLACE OF DEATH:**
(a) County: Lafayette
(b) City or town: Bates City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 2 months

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Lafayette
(c) City or town: Bates City
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edward L. Greer
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Emily Greer
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: July (Month) 15 (Day) 1867 (Year)
8. AGE: Years 74 Months 3 Days 25 If less than one day hr. min.
9. Birthplace: Leeton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Edward Levie Greer
13. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Martha A. Underwood
15. Birthplace: Unknown (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Emily Greer
(b) Address: Bates City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cem
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence Mo
19. (a) Nov 8-41 (Date received local registrar) (b) Mrs E. M. Goodner (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 13 year 1941 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 1, 1941 to Oct 17, 1941 that I last saw him alive on Oct 17, 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Nephritis & urinary Cystitis | |
| Due to: arteriosclerosis | |
| Due to: (Cause Unknown) | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

130

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? None (Specify type of place)
While at work? (e) Means of injury

23. Signature: O Liston (M. D. or other)
Address: Oak Grove Date signed

SUPPLEMENTARY

S-31894 1941