. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7033

State File No.

FILED MAR 16 1942

Registration District No. 24

Primary Registration District No. ~~[illegible]~~ 5585 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Grover Twp (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 years, months or days) 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town La Monte Rx 2 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country no 0

3. (a) PRINT FULL NAME Virginia Lee Greer

3. (b) If veteran, name war ✓

3. (c) Social Security No. No

4. Sex 1 Female

5. Color or race White

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

6. (b) Name of husband or wife J B Greer

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

7. Birth date of deceased Nov (Month) 16th (Day) 1864 (Year)

8. AGE: Years 77 Months 3 Days 5 If less than one day hr. min.

9. Birthplace 1 Ky (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name William G. Thornton
13. Birthplace Orange 1 Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ann Riley
15. Birthplace Orange Co Virginia (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Greer

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset I

18. (a) Signature of funeral director W. R. Wilcox

(b) Address Warrensburg Mo

19. (a) 2-22-42 (Date received local registrar) (b) Mrs C. E. Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1942 hour 3 PM minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 15, 1942 to Feb 21, 1942 that I last saw her alive on Feb 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Influenza

Due to 330

Due to

Other conditions (1) Chr Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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 H. W. Grove (M. D. or other) MD

Address Knob Noster Mo Date signed Feb 22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-13-42

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 By me 2-21-42, Registered Apprentice No. 3785, working under my personal supervision.

Signed C. W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasanton Kan.

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.