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4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7228**

Registration District No. **5-8-66**

Primary Registration District No. **3028**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown mo.
(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)

In this community years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison **52**

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Liliana Maxwell Greenwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Geo. Henry Greenwood

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb 3 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 23, 1942 to 1942;
that I last saw her alive on Feb 23 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>-</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Cerebral Haemorrhage **12 hours**

Due to Hypertension

Due to _____

9. Birthplace Patterson, Wayne Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations 430

MOTHER FATHER

11. Industry or business _____

12. Name John E. Morris

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

14. Maiden name Elizabeth Griffith

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

Of autopsy _____

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

16. (a) Informant Mrs. Greenwood

(b) Address Fredericktown Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Feb 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cem. Fredericktown

(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? _____

18. (a) Signature of funeral director Ed. H. Webb

(b) Address Fredericktown Mo.

While at work? (Specify type of place) (b) Means of injury

19. (a) Feb 25 1942 (b) S. G. S. Langston
(Date received local registrar) (Registrar's Signature)

23. Signature S. G. S. Langston (M.D. or other)

Address Fredericktown Mo. Date signed 2-25-42

781

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 942-383
Date Filed 3-12-42

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredericktown, Md.

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.