

FILED MAY 12 1942

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1565

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

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cornley Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 1 hr. hospital or institution. (Specify whether
 In this community 1 hr.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair 093
 (c) City or town Osceola
 (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

Bullah C. Greathouse

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harry Greathouse 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 9 1900
 (Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Clair Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Louis Burrow

13. Birthplace St. Clair Co. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Williams

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

16. (a) Informant Jerry Greathouse

(b) Address Osceola, Mo.

17. (a) Burial (b) Date thereof 4-24-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ester cemetery

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

(b) Address Osceola Mo.

19. (a) 4/21/42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
 year 1942 hour 11 minute 43 P.M.

21. I hereby certify that I attended the deceased from April 11 1942 to April 21 1942
 that I last saw her alive on April 21 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pregnancy 7 intern
Pyramionous
Multi parity 1496
 Due to _____
 Due to _____
 Other conditions Pregnancy
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy Pregnancy 7 intern

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature Dr. Bernard Abel (M. D. or other) P.O.
 Address 5841 Prospect, P.C. Date signed 4/27/42

MAY 12 1942

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 *Charles G. Hattaway*

Licensed Embalmer No. *4267*

P. O. Address *Osceola, 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.