V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 611

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5818

State File No. 15095

Registrar's No. 42

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

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1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Barnard, "Rural" White Cloud
(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 not (Specify whether
In this community 8 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Rural #1 0
(If outside city or town limits write "RURAL")

(d) Street No. Highway 71, 2 miles north, Midway, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Franklin 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
1. Grace Hownstein
2. Zoa Ann Walker

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 14 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	22	hr. min.

9. Birthplace Cincinnati (City, town, or county) / Ohio. (State or foreign country)

10. Usual occupation Lumber salesman

11. Industry or business Retail lumberyard.

FATHER
12. Name Alexander Greenwood.
13. Birthplace Cincinnati, (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Laura Minerva Franklin
15. Birthplace Circleville, (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Zoë Greenwood
(b) Address RR#1, Barnard, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery Barnard, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) April 7, 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Bronchiectasis and

~~Due to~~ Extensive Cavity formation — More than 8 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

~~Of autopsy~~ Coroners Inquest

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

106 b

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 W. R. Jackson (M. D. ~~or other~~)
Address Maryville, Mo Date signed 4-6-42

1268 (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~~ Apr 6 - 1942, Registered Apprentice No. _____, working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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, above space should be left blank.