No. 2
9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21459

Primary Registration District No. 2002

Registrar's No. 235

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 900 East ~~9th~~ St; 7th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community 50 years; years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 9

(d) Street No. 900 East 7th St; (If rural, give location) 5

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Kelley E. Greenwell

3. (b) If veteran, name war No

3. (c) Social Security 500-01-7282

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Leola Greenwell;

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Mar. 17, 1887. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	2	17	hr. min.

9. Birthplace Coldwater Kansas; (City, town, or county) 1 (State or foreign country)

10. Usual occupation City liscense Inspector

11. Industry or business

FATHER
12. Name Ed Greenwell
13. Birthplace No record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Margaret Kelley
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Leola Greenwell.

(b) Address 900 E. 7th St; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Hurkbut Und. Co;

(b) Address Joplin Mo;

19. (a) 6-4-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 3, day 1942; year hour 8-30 P.M. minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw Did not see him alive alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy	

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 Coronary

23. Signature R. V. Webster (M. D. or other)

Address Carthage Mo Date signed June 4 42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-6-528

JUN 28 1948

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin Mo

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.