

Registration District No. 269

Primary Registration District No. 5907-4398

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Pemiscot (b) City or town Holland, (Holland) Twn. (c) Name of hospital or institution: 3 (d) Length of stay: In hospital or institution 3 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot (c) City or town Holland, (Rural) (d) Street No. (e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Charlie Farris Greer

3. (b) If veteran, name war (c) Social Security No. 488-24-9677

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 3 years 7. Birth date of deceased Jan 3 1906

8. AGE: Years 36 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Gosnell, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name H. C. Greer 13. Birthplace Huffman, Ark. 14. Maiden name Georgie Moody 15. Birthplace Gosnell, Ark.

16. (a) Informant H. C. Greer (b) Address Steele, Mo. R. F. D. # 1. 17. (a) Burial (b) Date thereof 10, 5, 42 (c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director H. S. Smith (b) Address Caruthersville, Mo. 19. (a) 11-2-42 (b) C. C. Limbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1942 hour 2 minute 00 A.M. 21. I hereby certify that I attended the deceased from that I last saw h alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to Automobile accident. Due to fracture skull & chest injuries. Other conditions 170c-8 22V 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) Accident (b) Date of occurrence Oct 2 1942 (c) Where did injury occur? West Holland, Mo. (d) Did injury occur in or about home, on farm, in industrial place, in public place? State highway (e) Signature of physician July 1, 1942 (M. D. or other) Hays, Mo. Date signed 10/4/42

11-42-15-

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.....

Licensed Embalmer No.....

P. O. Address.....

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.