DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 8 1943

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 41556

Registrar's No. 427

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

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: 1913 S Marvin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Pettis 80

(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 1913 S Marvin 4
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: James Henry Greer

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Nannie Bell Greer

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

7. Birth date of deceased: April 23 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	8	4	____ hr. ____ min.

9. Birthplace: Pettis County Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Farmer

FATHER

12. Name: Ezekiel Greer

13. Birthplace: Kentucky (City, town, or county) Rody Poynter (State or foreign country)

MOTHER

14. Maiden name: Mary

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

16. (a) Informant: Mrs. H. C. Smiley

(b) Address: 1913 S Marvin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Hopewell Cemetery

18. (a) Signature of funeral director: McLaughlin Bros.

(b) Address: Sedalia Mo.

19. (a) 12/28/42 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 27 year: 1942 hour: 10 minute: ____ A.M. P.M.

21. I hereby certify that I attended the deceased from: Dec. 6, 1942 to 12-27 1942 that I last saw him alive on: 12-27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: 0

Due to: Pneumonia Lobar

Due to: Cerebrovascular Thrombosis 3 days

Due to: Chr. Myocarditis 9

Other conditions: Hypertension

Major findings of operations: Autopsy Refused

Of autopsy: Probably Malignant

Duration

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? ____

While at work? ____ (Specify type of place) (e) Means of injury: —

23. Signature: Frank B. King (M. D. or other) M.D.

Address: Sedalia Date signed: ____

102 a2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 7 1943

District Health Officer No. 8,

District File Number .....

Date Filed 1-7-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 46556

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 427

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(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: James Henry Greer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: April (Month) 23 (Day) 1912 (Year)

8. AGE: Years 30 Months 8 Days ..... If less than one day ..... hr. ..... min.

9. Birthplace: (City, town, or county) ..... MO (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... Day ..... Year 1942 Hour ..... Minute ..... 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 ..... Duration

Due to (or as a consequence of) ..... Due to (or as a consequence of) ..... Due to (or as a consequence of) ..... Other conditions ..... (Important conditions not within 2 weeks of death)

Made out in ascending order immediately above Operation

Major findings: Cancer of the Medium Intestine

Of operation: yes - Probably Malignant

Of autopsy: Neg

PHYSICIAN

Indicate 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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)

While at work? ..... (c) Means of injury .....

23. Signature: Frank B. Long (M. D. or other) M.D.

Address ..... Date signed .....

SUPPLEMENTARY