S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13836

Registration District No. 12 [illegible] 43 Primary Registration District No. 3007 Registrar's No. 125

12
3

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 119 N. / 11th. St. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Poplar Bluff, Mo (If outside city or town limits, write "RURAL")

(d) Street No. 119 N. 11th St (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Sarah Francis Greer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R. F. Greer

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Apr. 27, 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Mayfield, Ky (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Wm. Adams
13. Birthplace — (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Cynthia Sanderson
15. Birthplace — (City, town, or county) Tenn (State or foreign country)

16. (a) Informant De Witt Greer

(b) Address Poplar Bluff, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem - P.B. Mo

18. (a) Signature of funeral director Frank Und Co.

(b) Address Poplar Bluff, Mo

19. (a) 4-20-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16 year 1943 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 4-1, 1943, to 4-16, 1943 that I last saw her alive on 4-1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm Henrichson C (M. D. or other)

Address P. Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 543-655
Date Filed 5-11-43

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.