

Registration District No. 1943/1

Primary Registration District No. 3012

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

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution:  
EXCELSIOR HOTEL 103 S. St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County unborn

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

(d) Street No. unborn  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME STOUT D. GREENWELL

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased May 1st 1864  
(Month) (Day) (Year)

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

78 11 21 hr. min.

9. Birthplace New Florence Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Traveling Salesman

11. Industry or business

MOTHER FATHER

12. Name Richard Greenwell

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

14. Maiden name Rachel Counts

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

16. (a) Informant Hephens Funeral Home

(b) Address Montgomery City, Mo.

17. (a) Removal (b) Date thereof 4/23/43  
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation New Florence

18. (a) Signature of funeral director Therbert Hope

(b) Address Excelsior Springs

19. (a) 4-23-43 (b) Mrs. Sadie Polman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1943 hour 7:15 minute P.M.

21. I hereby certify that I attended the deceased from 4/5 1943 to 4/22 1943  
that I last saw him alive on 4/21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apex thrombosis - phlebitis of both lower subclavian

Due to Phlebitis - Duration 2 months

Due to .....

Other conditions 100 lb  
(Include pregnancy within 3 months of death)

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?.....

While at work..... (Specify name of place)  
Means of injury.....

23. Signature Reginald Johnson (M. D. or other) Dr.

Address Excelsior Springs, Mo. Date signed 4/23/43

RECEIVED

Health Officer No. 8,

File Number \_\_\_\_\_

Date Filed 5-3-43

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**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 Chas. Virgil Hope  
Licensed Embalmer No. 3950  
P. O. Address Excelsior Springs

**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.**