

FILED APR 19 1943

Registration District No. **238**

Primary Registration District No. **4355**

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

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town New Madrid  
(c) Name of hospital or institution: No 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
In this community About 15 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town New Madrid  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME JAMES GREENWAY  
3. (b) If veteran, name war No. 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 26  
year 1943 hour 4:45 minute ✓ M.

4. Sex Male 5. Color or Race W. C. 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased DEC 12 - 1906  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 2, 1943  
19... to ... 19...  
that I last saw him alive on Feb. 2, 1943 19...  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>14</u>	...hr. ...min.

Immediate cause of death Rheumatic Heart Disease  
Duration

9. Birthplace Wolf Island Mo.  
(City, town, or county) (State or foreign country)

Due to...  
Due to... 58d  
Other conditions...  
(Include pregnancy within 3 months of death)

10. Usual occupation Farm labor  
11. Industry or business ✓  
12. Name James Greenway  
13. Birthplace Wump Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name James Banks  
15. Birthplace Wump Tenn.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations...  
Of autopsy...  
Underline the cause to which death should be charged statistically.

16. (a) Informant George White  
(b) Address New Madrid Mo  
17. (a) Burial (b) Date thereof 2/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sanball  
18. (a) Signature of funeral director Richard White  
(b) Address New Madrid Mo  
19. (a) Mar. 6 1943 (b) Alice Spitzer  
(Date received local registrar) (Registrar's signature)

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 Bo Gallester, M.D. (M. D. or other) 2/27/43  
Address New Madrid Mo Date signed

RECEIVED

District Health Office No. 2,

District File Number 443-535

Date Filed 4-15-43

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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 Leo H. Hedges  
Licensed Embalmer No. 3803  
P. O. Address New Madrid, 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.