

MAY 10 1943  
Registration District No. 267

Primary Registration District No. 5902

1. PLACE OF DEATH:

(a) County Femiscot  
(b) City or town Hayti Rural *Hayti Rural*  
(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)  
In this community 27 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Femiscot  
(c) City or town Hayti Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1943 hour 1:20 minute 10 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 1st degree burn & suffocation Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 1649

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence April 14, 1943  
(c) Where did injury occur? Hayti, Femiscot Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature George R. Richards (M. D. or other) \_\_\_\_\_

Address Hayti, Mo. Date signed 4/14/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULLNAME Ella May Greenwell

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas J. Greenwell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 27 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>4</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name William O. Munday

13. Birthplace La Center Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Gresson Shelton

15. Birthplace La Center Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Greenwell

(b) Address Hayti Mo.

17. (a) burial (b) Date thereof April 19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayti Mo.

19. (a) 4-19-43 (b) George R. Richards  
(Date received local registrar) (Registrar's signature)

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

178  
00

4-43-204

DEC 9 1943

DEC 7 1943

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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 Jack Kelley  
Licensed Embalmer No. 3788  
P. O. Address Hayth. 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.