S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31541

FILED OCT 4 - 1943

Registration District No. 127

Primary Registration District No. 5464

Registrar's No. 12

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

39
0
0

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Willard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At the Family Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXXXXXXXX, ~~72~~ years (Specify whether years, months or days)
In this community 72 years —

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Willard
(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 Edward Everett Greenwade

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 Married

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 29 (Day) 1861 (Year)

8. AGE: Years 82 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Alleghaney Co., Maryland (City, town, or county) (State or foreign country)

10. Usual occupation Retired Nurseryman

11. Industry or business

FATHER
12. Name John Thomas Greenwade
13. Birthplace Maryland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Loruhama Pugh
15. Birthplace West Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant V W Greenwade
(b) Address R. 2. Willard, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation R. L. Greenwade Und. Co.

18. (a) Signature of funeral director
(b) Address Willard, Missouri

19. (a) Sept. 23, 1943 (Date received local registrar) (b) Sane Appleby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23
year 1943 hour 10.00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 17, 1942, 19 to Sept. 23, 1943, 19;
that I last saw him alive on Sept. 21, 1943, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility and a resulting cardiac decompensation and failure.

Due to

Due to

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.

95c2

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 [signature] (M. D. or other) D.O.
Address Willard, Missouri Date signed 9/23/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 43-10-98
Date Filed 10/2/43

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 Mrs E. W. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, Missouri.

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.