

FILED DEC 29 1943 5

Registration District No. **1278**

Primary Registration District No. **6098**

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

1. PLACE OF DEATH:

(a) County **Schuyler**

(b) City or town **Rural (Liberty)**
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**

(c) City or town **Rural (Liberty)**
(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 **William Henry Greer**

(b) If veteran, name war **None**

(c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**
year **1943** hour **10:30** minute **8** M.

21. I hereby certify that I attended the deceased from **Oct** 19 **42** to **Oct 30** 19 **43**
that I last saw him alive on **Oct 30** 19 **43**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or Race **White**

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

6. (b) Name of husband or wife **Hulu Greer**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **April 30 1871**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Degeneration**

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

71 6 0 hr. min.

Due to

Due to

9. Birthplace **Schuyler Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Farmed**

Major findings: Of operations

11. Industry or business

12. Name **Spencer Greer**

13. Birthplace **Germany Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Edwards**

15. Birthplace **Mitchell Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gussell Myers**

(b) Address **Lancaster Mo.**

17. (a) **Rural** (b) Date thereof **Nov. 2-43**
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation **Armi Memorial**

18. (a) Signature of funeral director **A. O. Benton**

(b) Address **Lancaster Mo.**

19. (a) **Nov. 1, 1943** (b) **A. Justice**
(Date received local registrar) (Registrar's signature)

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)

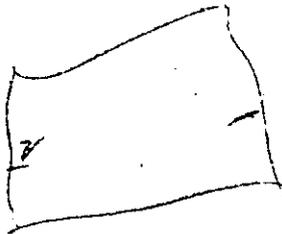
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **R. E. Vaughn** (M. D. or other) **Do.**

Address **Lancaster, Mo.** Date signed **Oct 30, 1943**

1278



RECEIVED

District Health Officer No. 10

District File Number... 12-43-2018

Date Filed DEC 15 1943

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~~

P. O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed *P. O. Fenton*

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.