

FILED MAR 16 1944
Registration District No. 7

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County... Callaway

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

(c) Name of hospital or institution... State Hospital No. 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 2 yrs 10 m 19 1/2
(Specify whether years, months or days)

In this community... yes

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jefferson

(c) City or town... Festus
(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... Charlotte Greenwade

3. (b) If veteran, name war... D.K.

3. (c) Social Security No... D.K.

4. Sex... Female 5. Color or Race... Negro

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

6. (b) Name of husband or wife... D.K. 6. (c) Age of husband or wife if alive... 18 1/2 years

7. Birth date of deceased... Oct 18 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace... St. Genevieve Mo
(City, town, or county) (State or foreign country)

10. Usual occupation... Housework

11. Industry or business... _____

12. Name... D.K.

13. Birthplace... D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name... D.K.

15. Birthplace... D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant... Record

(b) Address... _____

17. (a) Removal (b) Date thereof... 2 2 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Columbia Mo

18. (a) Signature of funeral director... J. O. Roberts
(b) Address... Columbia Mo

19. (a) 2-2-1944 (b) Joan Morandoff
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Feb day... 1
year... 1944 hour... 2-20 minute... 9 M.

21. I hereby certify that I attended the deceased from... 9-1-1943, to... 2-1-1944
and that death occurred on the date and hour stated above. 1-31-1944

Immediate cause of death... Acute Myocarditis

Due to... Chronic Myocarditis

Due to... Arteriosclerosis

Other conditions... _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations... _____

Of autopsy... _____

932

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... George H. Reers (M. D. or other) M.D.
Address... Festus Mo Date signed... 2/1/44

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-15-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.