

FILED APR 1 1944

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Cole County
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
821 Fairmount St., /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution not confined
(Specify whether
 In this community three months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City.
(If outside city or town limits, write "RURAL")
 (d) Street No. 821 Fairmount
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

3. (a) PRINT FULL NAME Nancy Jane Greaves

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 widowed

6. (b) Name of husband or wife John Greaves 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased February 6, 1850
(Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 9 If less than one day
hr. min.

9. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER

12. Name Unknown

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Elliott

15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Raymond Bills,

(b) Address 821 Fairmount, Jeff. City.

17. (a) Removal (b) Date thereof Mar. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 3-17-44 (b) Thurma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/4
 1944, to 3/12, 1944
 that I last saw h. alive on 3/12 and that death occurred on the date and hour stated above.

Immediate cause of death
1. B. Interstitial Bronchial
2. Chronic Myocarditis

Due to Chronic Myocarditis
 Due to
 Other conditions 93d
(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.

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? no
(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 W. V. McNelly (M. D. or other)
 Address 404 Central Ave. City Date signed 3-17-44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-31-44

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 M. J. Canadian
Licensed Embalmer No. 3434
P. O. Address Holden, 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.