

No. 2  
5-42  
5-17-39  
X322873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10826**

**FILED MAR 18 1944**

Registration District No. **93**

Primary Registration District No. **4154**

Registrar's No. **24**

**1. PLACE OF DEATH:**

(a) County Dade

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

(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community X  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dade **29**

(c) City or town Greenfield  
(If outside city or town limits, write "RURAL")

(d) Street No. Main Street  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country U

**3. (a) PRINT FULL NAME** LINA K. WETZEL

3. (b) If veteran, name war X

3. (c) Social Security No. X

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 2 day 21  
year 44 hour 9 P.M. minute  M.

**21. I hereby certify that I attended the deceased from** 2-12, 1944, to 2-21, 1944  
that I last saw her alive on 2-12, 1944  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive 8 years (Day) 18 (Year) 60

7. Birth date of deceased: Dec. (Month) 8 (Day) 18 (Year) 60

Immediate cause of death Serum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162 h

Major findings: Of operations

Of autopsy

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**8. AGE:** Years 83 Months 2 Days 13 hr.  min.

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

10. Usual occupation housewife

11. Industry or business X

**MOTHER FATHER**

12. Name Dr. S. B. Bowles

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

14. Maiden name Elizabeth Vaughan

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

16. (a) Informant son of deceased

(b) Address Greenfield, Mo. 653

17. (a) Burial (b) Date thereof Feb 23 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Max A. Hossert

(b) Address W. Vernon, Mo.

19. (a) Feb 31 44 (b) physic. Lack  
(Date received local registrar) (Registrar's signature)

**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** H. O. Cowan (M. D. or other)

Address Greenfield Mo. Date signed 2-21-44

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

RECEIVED

District Health Officer No. 6,

District File Number 244-367

Date Filed MAR 16 1944

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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 Max S. Fessett

Licensed Embalmer No. 4252

P. O. Address McWernon, 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.