

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town RURAL - MARION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROUTE #1 DIAMOND, MISSOURI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether: _____)
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural - Marion Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Diamond, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BURTON GREENWOOD

3. (b) If veteran, name war None 3. (c) Social Security No. 493-16-4298

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lydia G. Greenwood 6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: September 24, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Newton Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____

MOTHER FATHER { 12. Name Vanbureon Greenwood
13. Birthplace X Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Lonely
15. Birthplace X Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Greenwood
(b) Address Route #1, Diamond, Mo.
17. (a) Burial (b) Date thereof: 5-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Diamond, Missouri

18. (a) Signature of funeral director: Ed. C. Usher
(b) Address Carthage, Missouri
19. (a) May 9 - 1944 (b) Mrs. W. S. Chapman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th, year 1944 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from 4-6-1944 to 4-26-1944
that I last saw him alive on 4-26-1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of Brain
Atherosclerosis
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: None
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 E. C. De Bolt M.D. (M. D. or other) _____
Address Diamond, Mo. Date signed 5/9/44

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

3000

RECEIVED

6-15-44

District Health Office No.
District File Number 644-127
Date Filed 6-21-44

JUN 22 1944

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 Edle...

Licensed Embalmer No. 7222

P. O. Address Carthage

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.