

FILED AUG 13 1944

6093

126

Registration District No. 3-244

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Mo. State School
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town State School - Marshall
(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 HERBERT GREER, JR.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct - 7 - 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 8 25 hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Herbert Greer

13. Birthplace Moberly - Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lenore Garrett

15. Birthplace Sedalia - Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records - State School

(b) Address Marshall - Mo

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

(c) Place: burial or cremation Sedalia - Mo

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo

19. (a) 7-5-44 (b) Mo T. Oberholser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1944 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 19
1944 to July 2 - 1944

that I last saw him alive on July 2 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Labor pneumonia 10 days

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____

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

23. Signature R. Steely (M. D. _____)
Address Marshall Mo Date signed 7/2-44

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

9700

12/13

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-17

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 Geo Dillard

Licensed Embalmer No. 3868

P.O. Address Sudalia

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.