

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED AUG 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 6

Registration District No. 349 Primary Registration District No. 6177

1. PLACE OF DEATH
 (a) County Sullivan
 (b) City or town Rural Buchanan Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
near Green City
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED
 (a) State Mo (b) County Sullivan
 (c) City or town Rural 105
(If outside city or town limits, write "RURAL")
 (d) Street No. near Green City
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Greene Estella Smart
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2
 year 1944 hour 3:30 minute P M.
21. I hereby certify that I attended the deceased from Dec 15
1943 to July 2 1944
 that I last saw her alive on July 2 1944
 and that death occurred on the date and hour stated above.

4. Sex F **5. Color or** W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Essie
6. (c) Age of husband or wife if 59
 alive 1883
7. Birth date of deceased Nov 14 1883
(Month) (Day) (Year)

Immediate cause of death
Cardiac Dropsy -
 Due to _____
 Due to _____
 Other conditions 95a
(Include pregnancy within 3 months of death)
Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years 60 Months 7 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. E. Glann

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

14. Maiden name Laura Cady

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

16. (a) Informant Mrs L. Wynne Glann

(b) Address Green City, Mo.

17. (a) Burial Burial **(b) Date thereof** 7-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation hairdress

18. (a) Signature of funeral director Glenn E. Phil + Son

(b) Address Green City, Mo.

19. (a) Date received local registrar Aug-1-1944 **(b) Registrar's signature** Laura M. Shady

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)
 (c) Means of injury _____
 Signature [Signature] (M. D. or other)
 Address Green City, Mo. Date signed 7-5-44

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

105
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RECEIVED

District Health Officer No. 10

District File Number 8-44-1356

Date Filed AUG 8 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.