V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31936

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 114

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town ~~Rural~~ Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ hours (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon
(c) City or town Rural - Drywood Township
(If outside city or town limits, write "RURAL")
(d) Street No. 152
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Ellen Greer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold Greer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 20 1907 (Month) (Day) (Year)
8. AGE: Years 37 Months 5 Days 29 If less than one day hr. min.
9. Birthplace Indian Territory Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry Clay Hieronymus
13. Birthplace Saline Co. Mo. U (City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Sutherland
15. Birthplace Dedoe Co. Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. H. C. Hieronymus
(b) Address Bronaugh, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 '44 (Month) (Day) (Year)
(c) Place: burial or cremation Sylvan Cemetery
18. (a) Signature of funeral director D. S. Beery & Sons
(b) Address Sheldon, Mo.
19. (a) 9-25-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1944 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from Sept 19, 1944, to Sept 19, 1944, that I last saw her alive on Sept 19, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intracranial Hemorrhages	3 hrs
Due to: Fractured Skull & Intra-Cranial Hemorrhages & Contusions	3 hrs
Due to: Open Fracture (10th Dorsal Vert.) Laceration Scalp face	3 hrs
Other conditions contributing to death but not related to cause given: Numerous Abrasions and Contusions body & Extremities	

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) Accident
(b) Date of occurrence Sept 18, 1944
(c) Where did injury occur? Public road (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road Team run away (Specify type of place)
While at work? No (e) Means of injury Runaway
23. Signature W. M. Allen M.D. (M.D. or other)
Address Nevada Mo. Date signed 9/23/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Permit File Number 6-44-1159
Date Filed 10-11-44

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.