

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2550**
Registrar's No. **630**

Registration District No. **156**

Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution **Home-2714 East 8th**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years**
In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **2714 East 8th.**
(e) Citizen of foreign country? **No.**
If yes, name country

3. (a) PRINT **Miss Lola Greer**
FULL NAME

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

4. Sex **Female** 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 **1865** years

7. Birth date of deceased **Sept 2** (Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **28** If less than one day hr. min.

9. Birthplace **Chaney Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Richard Greer**

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

14. Maiden name **Amy Swank** (City, town, or county) (State or foreign country)

15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Laura Greer** (b) Address **2714 E 8th.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 2 1945** (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope Hurlbut Und Co.**

18. (c) Signature of funeral director **Joplin, Mo.**
(b) Address **1-2-45**
19. (a) **1-2-45** (Data received local registrar) (b) **Gettuno Sudhalter** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **30** year **1944** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Dec 26 1944** to **Dec 30 1944** that I last saw him alive on **Dec 30 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis Uremia** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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
Signature **Ed J. Jones** Date signed **1-2-45**
Address **Joplin, Mo.**

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

Ed James

44-12-1076

MAR 8 1946

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.....
Wm. H. [Signature]

Licensed Embalmer No.....
959

P. O. Address.....
[Signature]

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.

FILED JAN 22 1948
Registration District No. 154

Primary Registration District No. 7001

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

1. PLACE OF DEATH:

(a) County Wasp
(b) City or town Joplin
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Lola 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 S

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

7. Birth date of deceased Sept 2 1900
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

MOTHER FATHER

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 10 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to do not know cause of uremia

Other conditions Chronic Hepatitis
(Include presenty within 3 months of death)

ADDITIONAL INFORMATION do not know
Major operations _____
Of operations _____
REQUESTED 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? _____

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

23. Signature J. J. Jones (M. D. or other) _____
Address Joplin, Mo Date signed 1-15-48

SUPPLEMENTARY

S-2050

MAR 8 1945