

S. No. 2
M-8-43
7-5-17-39
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2896

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 19 1945 7

Primary Registration District No. 4378

Registrar's No. 96

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Bertrand
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 72 Years
In this community 72 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miss 67
(c) City or town Bertrand 0
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 11

3. (a) PRINT FULL NAME Hezekiah Daniel Greer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 11
1944 year hour 3 minute 30P M.

4. Sex 0 M 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winnafred Greer 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 19th 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-22-44 to Dec 11 1944
that I last saw him alive on Dec 10-44 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 22 If less than one day hr. _____ min. _____

Immediate cause of death Stokes Adams Syndrome Oct 7-44
Due to Chronic myocarditis 1 yr.

9. Birthplace Camden Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer (retired)

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business _____
12. Name James Anderson Greer
13. Birthplace Camden Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Jemima Rushing
15. Birthplace Camden Tenn.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Winnafred Greer
(b) Address Bertrand, Mo.
17. (a) Burial (b) Date thereof 12-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston, Mo.

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? _____

18. (a) Signature of funeral director John P. Anderson
(b) Address 145 Charleston, Mo.
(c) Date received local registrar 12-13-44
(d) Registrar's signature _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John P. Anderson (M. D. or other) _____
Address Charleston, Mo. Date signed 12-13-44

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

700

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 145-107

Date Filed 1-16-45

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

John F. Nunnallee Jr

Licensed Embalmer No. 3851

P.O. Address Charlestown, 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.