S. No. 2
DM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5415

State File No.

Primary Registration District No. 3000

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 months (Specify whether years, months or days)
In this community: 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scotland
(c) City or town: Baring Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 47 (If rural, give location)
(e) Citizen of foreign country? No / (Yes or No) 0
If yes, name country: 0

3. (a) PRINT FULL NAME: William Franklin Greever

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Minnie A. Greever

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July (Month) 11 (Day) 1875 (Year)

8. AGE: Years 69 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace: Knox Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Wm Greever

MOTHER FATHER

12. Name: ✓

13. Birthplace: Hancock Co. (City, town, or county) Ill (State or foreign country)

14. Maiden name: Sarah Thomas

15. Birthplace: Hancock Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant: Arthur Greever
(b) Address: Greensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 27-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greensburg Cemetery

18. (a) Signature of funeral director: Earl T. Brackett
(b) Address: Memphis Mo

19. (a) 2-26-45 (Date received local registrar) (b) Mrs. J. N. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1945 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 9, 1944, to Feb 25, 1945, that I last saw him alive on Feb 24, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Vasomotor collapse	
Due to: Carcinoma	
Due to: Generalized carcinoma of the bones	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: M. T. Gutenshe (M.D. or other) DO
Address: Kirksville, Mo Date signed: 2-25-45

1044 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-45-428
Date Filed MAR 8 1945

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.