. S. No. 2
DM—8-43
v. 5-17-39*
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1945

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

LaHue 8941

State File No.

Primary Registration District No. 5097

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Shawnee Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 1 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Shawnee Township
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Paris Greer

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Eliza

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

7. Birth date of deceased Mar (Month) 12 (Day) 1873 (Year)

8. AGE: Years 72 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Bates Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. T. Greer
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grau Webb
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Greer
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18 45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler, Missouri

19. (a) 3-18-45 (Date received local registrar) (b) Pauline Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Aug 8 1944 to Mar 17th 1945
that I last saw him alive on Mar 16 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131	

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 Med

23. Signature L D Latter (M. D. or other)

Address Butler Mo Date signed 3-18-45

130 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District No. 2-45-314
Date Filed 4-10-45

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 G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.