S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38804

Registration District No. 360 | Primary Registration District No. 3076 | Registrar's No. 138

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 538 South Oak Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 538 South Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Tandy C. Greenstreet
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased September (Month) 7 (Day) 1869 (Year)
8. AGE: Years 76 Months 2 Days 19 If less than one day ____ hr. ____ min.
9. Birthplace Stockton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Brakeman
11. Industry or business ____
MOTHER FATHER
12. Name Clayton C. Greenstreet
13. Birthplace Cedar Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sarah Jane Eager
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Kathryn Sherman
(b) Address 219 N. Spring St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Missouri
19. (a) Dec. 3-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1945 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 30, 1945, to Nov 30, 1945, that I last saw him alive on Nov 20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocardial insufficiency	
Due to: Arteriosclerosis	
Due to: ____	
Other conditions (Include pregnancy within 3 months of death): ____	
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) ____
(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 F. L. Martin (M. D. or other)
Address Nevada Date signed 11-29-45

1499 (Licensed Embalmer's Statement on Reverse Side)

11-45-1198

Date Filed 12-10-45

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 NO

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 1960

P. O. Address Nevada 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.