

FILED JAN 25 1946

Registration District No.

Primary Registration District No. **3007**

Registrar's No. **374**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
101 S Eleventh Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... **55 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler** **12**
(c) City or town **Poplar Bluff** **7**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **101 S. Eleventh Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **FRANCIS RYBURN GREER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Sara Francis Adams Greer** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 11th 1853**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 2 15 hr. min.

9. Birthplace **Unknown Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business **Building**

12. Name **Sterling Greer**

13. Birthplace **Graves Co. Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Sara Jane Milburn**

15. Birthplace **Graves Co. Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dawitt Greer**

(b) Address **Poplar Bluff, Missouri**

17. (a) **Burial** (b) Date thereof **12/27/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Frank Cotrell Chapel**

(b) Address **Poplar Bluff, Missouri**

19. (a) **12/27/45** (b) **RH Muehle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26th**
year **1945** hour **3** minute **A** M.

21. I hereby certify that I attended the deceased from
1 - 1, 19**44** to **12 - 26**, 19**45**
that I last saw him alive on **12 - 15 -**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death
Deformed myocarditis
Chronic myocarditis
Due to **Alcohol - Punctured heart**

Due to.....
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**
1315

Duration
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) **none**

(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 **M. Hancock** (M. D. or other)

Address **Poplar Bluff, Mo** Date signed.....

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

MOTHER FATHER

1822

RECEIVED

District Health Office No. 2

District File Number 146-3434

Date Filed 1-2-46

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 Howard G. Rodgers

Licensed Embalmer No. 4396

P. O. Address Coplan Bluff, 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.