

FILED JAN 14 1946

Registration District No. 75

Primary Registration District No. 4135

Registrar's No. 10

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town KATHROP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON 25
(c) City or town KATHROP 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Beeley Greer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 707-09-5249

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MATTIE GANE GREER 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased APRIL 10 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 10 If less than one day hr. _____ min. _____

9. Birthplace GOLSBERRY MO (City, town, or county) (State or foreign country)

10. Usual occupation SECTION FARMAN

11. Industry or business BURLINGTON R.R.

12. Name FRANK H. GREER

13. Birthplace UNKNOWN MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name CASSANDER MILLER

15. Birthplace LAPLATA MO (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MATTIE GREER

(b) Address KATHROP MO

17. (a) BURIAL (b) Date thereof 12-2-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria MO

18. (a) Signature of funeral director DeMoss CRUNK

(b) Address KATHROP MO

19. (a) 12-1-45 (b) Mrs. Paul Pandeyewat (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 30, year 1945 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from November 1st, '45 to Nov., 30th, 45, 19____; that I last saw him alive on Nov., 30th, 1945 in _____ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 46 R

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) (Means of injury)

23. Signature [Signature] (M. D. or other) _____ Address KATHROP, MISSOURI Date signed 12/30/45

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

1
25

JAN 16 1946

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

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.....

He Miss Clark

Licensed Embalmer No.....

2533

P. O. Address.....

Dalhousie St

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.