

FILED APR 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 359

Primary Registration District No. 6219

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural: Drywood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles West of Sheldon
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HAROLD MAXWELL GREER

3. (b) If veteran, name war None 3. (c) Social Security No. 506-16-1510

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

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

7. Birth date of deceased. Sept 1, 1901
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Barton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James H. Greer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lula Mae Phillips
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce J. Greer
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 3-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon, Mo.
18. (a) Signature of funeral director W. Beery
(b) Address Sheldon, Mo.

19. (a) Mar 15, 1946 (b) Ruth Faith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15th year 46 hour 10 minutes 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
(that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
used a .22 single shot Rifle.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no/64c

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) Suicide
(b) Date of occurrence Mar 15th, 1946
(c) Where did injury occur? Vernon Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work? ✓ (Specify type of place) (e) Means of injury Suicide

23. Signature Marsh C. Cramer (M. D. or other)
Address Nevada, Mo. Date signed 3/13/46

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

10518

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... *S. Gerald Beeny*
Licensed Embalmer No. *4203*
P. O. Address. *3 Leland, 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.