

**FILED** JUN 7 1946

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 209

1. PLACE OF DEATH

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL", and name of township)  
(c) Name of hospital or institution St Joseph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 16 years

3. (a) PRINT FULL NAME LEONARD TRAYMAN-Greey.

3. (b) If veteran, name war 2nd World War 3. (c) Social Security No. 494-20-8992

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

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

7. Birth date of deceased Mar -5- 1925  
(Month) (Day) (Year)

8. AGE: Years 21 Months 2 Days 10 If less than one day ✓ hr. ✓ min.

9. Birthplace Boonville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Factory worker

11. Industry or business same

12. Name Lawrence Greer

13. Birthplace Pipton Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mora Hess

15. Birthplace Pipton Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Greer

(b) Address Pilot Grove

17. (a) Burial (b) Date thereof May 18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pipton Mo

18. (a) Signature of funeral director Phys & Painter

(b) Address Pilot Grove Mo

19. (a) May 17, 1946 (b) Calay Morris  
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Pilot Grove Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1946 hour 10 minute 40 M

21. I hereby certify that I attended the deceased from New Sweden  
\_\_\_\_\_, 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 subdural Duration \_\_\_\_\_  
hemorrhage. Due to car

accident.

Due to skull fracture

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: subdural PHYSICIAN \_\_\_\_\_  
Of operations hemorrhage SUPPLEMENTAL INFORMATION REQUEST

Of autopsy \_\_\_\_\_

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) accident

(b) Date of occurrence May 15-1946

(c) Where did injury occur Public Highway 5 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway

(Specify type of place)

While at work? no (e) Means of injury skull

fracture R. skull 3 Coroner

23. Signature R. Smith (M.D. or other) \_\_\_\_\_

Address 913-5th St Boonville Date signed July 6-46

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-6-46

AUG 7 1946

SEP 27 1946

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 Myself

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

working under my personal supervision.

Signed Rayton E. Haro

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.

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

Registration District No. 82

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Beonville  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Leonard R. Greer

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 5

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Mar 5 1922  
(Month) (Day) (Year)

8. AGE: Years 21 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cooper  
(c) City or town Beonville MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1946 year. hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from near soul to alive 1946  
that I last saw him/her on \_\_\_\_\_ 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage  
Accident on Highway

Due to Collision with Cooper  
County road track.

Due to car - 1937 Chevy. Car. Greer  
was riding in car.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 170cc of blood

Of autopsy large skull fracture  
and large subdural hemorrhage

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 15 - 1946

(c) Where did injury occur? on Highway no 5. Bee  
(City or town) (County) (State) MO

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place - Highway no. 5

While at work? no (Specify type of place) (e) Means of injury fractured  
carbon skull

23. Signature James R. Smith (Date or other) \_\_\_\_\_

Address 913-7th St. Beonville MO Date signed May 16 - 46

SUPPLEMENTARY

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

15016

AUG 7 1948

SEP 27 1948

16124