

5. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 27 1946

Registration District No. 227

Primary Registration District No. 4-2-4-05865

Registrar's No. 17

1. PLACE OF DEATH:

(a) County... **MONROE**
(b) City or town... **RURAL JEFFERSON TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STOUTSVILLE MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community... **93 yrs 6 months 21 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MISSOURI** (b) County... **MONROE**
(c) City or town... **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No... **STOUTSVILLE ROUTE I**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MILDRED ANN GREENING**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **WILLIAM T GREENING** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **SEPTEMBER 29 1852**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	6	21	hr. min.

9. Birthplace **MONROE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business.....
12. Name... **ROBERT DONALDSON**
13. Birthplace... **MONROE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name... **MANERVIA STRIBLING**
15. Birthplace... **MONROE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Greening**
(b) Address **Stoutsville, Mo.**
17. (a) **BURIAL** (b) Date thereof **4-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **STOUTSVILLE CEMETERY**

18. (a) Signature of funeral director **Wilson Sons**
(b) Address **MONROE CITY, MO**
19. (a) **APR 20 1946** (b) **Edward Baker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **19**
year **1946** hour **5** minute **50** P.M.
21. I hereby certify that I attended the deceased from **March 19 - April 8 1946**
that I last saw her alive on **April 8 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic fall bladder disease**
Due to.....

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external cause, 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 **W. J. Tucker** (M. D. or other) **MD**
Address **Monroe City, Mo.** Date signed **4/24/46**

Duration
20
Yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

16334

RECEIVED

District Health Officer No. 10

District File Number 5-46-~~106~~ 976

Date Filed MAY 23 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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3074

P. O. Address Monroe City 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.