

FILED AUG 15 1946

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **141**

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCune Brooks Hospital
(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)
 In this community 65 years

3. (a) PRINT FULL NAME GRACE GREENWOOD
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 30, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 0
 If less than one day hr. min.

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

10. Usual occupation at home

MOTHER FATHER
 11. Industry or business _____
 12. Name George C. Howenstein
 13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Knell
 (b) Address 302 W. Chestnut, Carthage

17. (a) Burial (b) Date thereof August 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri

19. (a) 8-1-46 (b) R. K. Clinton M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 149 W. Central Ave.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
 year 1946 hour 10 minute 46 A. M.

21. I hereby certify that I attended the deceased from July 29
1946 to July 30, 1946
 that I last saw her alive on July 30, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Burns
 Duration 18 hrs

Due to _____
 Due to _____

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

Major findings: 18/15
 Of operations _____
 Of autopsy _____

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) Accident
 (b) Date of occurrence 7-29-46
 (c) Where did injury occur? Carthage Jasper Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, industrial place, in public place?
Home

While at work? _____ (Specify type of place)
 (e) Means of injury Burn

23. Signature Russell Smith (M. D. or other) MD
 Address Carthage, Mo. Date signed 7-31-46

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46-7-633

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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.....

Robert H. Knell

Registered Apprentice No. *4016*

working under my personal supervision.

Signed.....

Emma R. Knell

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.