

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 7 1946 STANDARD CERTIFICATE OF DEATH

24279

State File No. _____

Registration District No. 206

Primary Registration District No. 2042

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. Marline ave.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSIE J. Greenwood

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

4. Sex F 5. Color or race w. 6. (a) Single, widowed, married, divorced w. 2
6. (b) Name of husband or wife Robert Greenwood 6. (c) Age of husband or wife if alive Dec. 4 years 1863
7. Birth date of deceased april 4 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 19 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Ellis, Lunsford

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

14. Maiden name Rose, Nancy J.

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

16. (a) Informant J. H. Nelson

(b) Address Fredericktown Mo.

17. (a) Buried (b) Date thereof 7/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Fredericktown Mo.

18. (a) Signature of funeral director Webb & Holt

(b) Address Fredericktown Mo.

19. (a) 7-25-1946 (b) Florence H. Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 15 to July 22, 1946
that I last saw her alive on July 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to arterio sclerosis

Other conditions Heart enlargement
(Include pregnancy within 3 months of death)

Major findings: Blindness for years - 20
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature W. H. Boyer (M. D. _____)
Address Fredericktown Mo. Date signed 7/25/46

Duration 5 days
7 ys
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23132

RECEIVED

District Health Officer No. 4
District File Number 846-2431
Date Filed 8-5-86

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

John H. Holt
Licensed Embalmer No. 4264
P. O. Address Fredensborg

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.