

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Marion
(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 95 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R#1 Diamond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amanda Catherine Greer

3. (b) If veteran, name war /

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 3, 1946 to June 13, 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife M.S. Greer

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased: February 16 1851
(Month) (Day) (Year)

Immediate cause of death: Cardiac Decompensation

Duration _____

8. AGE: Years 95 Months 4 Days 0
If less than one day _____ hr. _____ min.

Due to Old Age

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Franklin Gilbreath

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

14. Maiden name Parlee Simmons

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

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

Major findings: _____
Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs J.O. Brummett

(b) Address R#1. Diamond, Mo.

17. (a) Burial (b) Date thereof June 18 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powers Cemetery

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

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

(b) Date of occurrence _____

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

(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? _____

19. (a) June 16 - 1946 (b) Mrs. Allie Parrish
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of Injury _____

23. Signature L. E. Polans (M. D. _____)
Address Granby Mo. Date signed 6-17-46

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

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.....

Ed Williams

Licensed Embalmer No..... *2222*

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.