V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26688

State File No.

Registration District No. 81 Primary Registration District No. 4150 Registrar's No. 12

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

25534

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Bourbon-Boone
(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 4 yrs ~~Life~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Bourbon~~ Missouri (b) County Crawford 28
(c) City or town Bourbon 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Nila May Greenlee

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 Married

6. (b) Name of husband or wife Louis P. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Mar (Month) 3 (Day) 1900 (Year)

8. AGE: Years 46 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Hazzah (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Joe Joseph Wilkinson
13. Birthplace — (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Miss Delores Stanley
(b) Address Bourbon, Mo. Box 532

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon New Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Bourbon, Mo.

19. (a) 8-13-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 7 day 23 year 1946 hour minute 5:15 A.M.

21. I hereby certify that I attended the deceased from July 21, 1946 to July 23, 1946; that I last saw her alive on 2:00 am July 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis

Due to Cerebral Embolism

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83P

Of autopsy

Duration

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

23. Signature G W Taylor (M. D. or other) DO
Address Sullivan Mo Date signed 7-23-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Franklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.