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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7741**

Registration District No. _____ Primary Registration District No. **3000 5007** Registrar's No. **84**

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Brushers. (Rural)
 (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 3 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo. (b) County Line 58
 (c) City or town Marceline
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMMA GREENSTREET.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 16
 year 1947 hour 4 minute 30 p.m.
 21. I hereby certify that I attended the deceased from Jan 1
1947 to Mar 15 1947
 that I last saw h. alive on and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W. 2
 6. (b) Name of husband or wife W. F. Greenstreet
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 14 1867
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 79 Months 3 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace Bucklin mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John Carver
 13. Birthplace see 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Barthma Gowan
 15. Birthplace not known
 (City, town, or county) (State or foreign country)

Major findings: Q4A
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Greenstreet
 (b) Address Brushers, mo.

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) _____

17. (a) Burial (b) Date thereof Mar. 18-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Goldbury, mo.

18. (a) Signature of funeral director Foster R. Giesley
 (b) Address Brushers, mo.
 19. (a) 3-21-47 (b) Wate Lambert
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
 23. Signature H. W. Humphrey (M. D. or other) 718
 Address Brushers, mo. Date signed 3-17-47

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

APR 10 1947

RECEIVED
District Health Officer No. 10
District File Number 347-548
Date Filed MAR 25 1947

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: *Foster W. Emery*

Licensed Embalmer No. *1146*

P. O. Address *Bradshaw, 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.