

S. No. 2
M-8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12440

State File No. _____
Registrar's No. 126

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks
In this community 47 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
2/10
(c) City or town Columbia
(If outside city or town limits, write "RURAL") 2
(d) Street No. 814 Virginia Ave.
(If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES WILSON GREENE
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month May day 11 year 1947 hour 11 minute 30 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Hartley Greene
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 - 7 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to May 1, 1947
that I last saw him live on May 1, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of prostate with metastases
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Retired Professor

MOTHER FATHER {
11. Industry or business _____
12. Name William W. Greene
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Pence
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Helen Greene White
(b) Address San Francisco, Calif.

17. (a) Burial (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parsons James Serwin
Columbia, Mo.
(b) Address _____

19. (a) May 3, 1947 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

23. Signature E. J. Beckert (M. D. or other) M.D.
Address Columbia, Mo. Date signed 5/3/47

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed _____
5-7-47

JUN 10 1947

JUL 1947
JUL 1947
JUN 4 1947
4047

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 Tom McHarg
Licensed Embalmer No. 4067
P. O. Address Columbia, 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.