

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14651

State File No. \_\_\_\_\_

Registration District No. 295

Primary Registration District No. 443

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Huntsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Main Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88  
(c) City or town Huntsville 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Main Street 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Clarence Greenfield

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-2826443

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Greenfield 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December 18 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Dry Cleaning Business

11. Industry or business \_\_\_\_\_

12. Name Jessie Clarence Greenfield

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

14. Maiden name Ella Yutz

15. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Richard Greenfield

(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/18/1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 4-18-1947 (Data received local registrar) (b) Mrs. D. R. Barnhart (Registrar's signature) 295

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1947 hour 2:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 8, 1947, to April 16, 1947 that I last saw h. in alive on April 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 8 days  
Due to Hypertension 10 yrs

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none Of autopsy none

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) (c) Means of injury \_\_\_\_\_

23. Signature Dr. Dreyer (M. D. or other) MD  
Address Huntsville Mo Date signed 4/19/47

Duration  
8 days  
10 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

AUG 13 1947

RECEIVED  
District Health Officer No. 10  
District File Number 447-721  
Date Filed APR 22 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 Tom B. Patton  
Licensed Embalmer No. 3914  
P. O. Address Huntville

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.