

FILED JAN 7 1948

Primary Registration District No. 5639

21

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Rural Washington Twp  
(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 62 years  
years, months or days

3. (a) PRINT FULL NAME Mrs. Mollie Y. Greer

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 John P. Greer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 4th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Edgar Youngs

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mock

15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roger Jennings

(b) Address Higginsville, Missouri.

17. (a) Burial (b) Date thereof 10/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director W. A. ...  
Higginsville, Missouri.

(b) Address \_\_\_\_\_

19. (a) Oct 27 47 Letta ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54  
(c) City or town Higginsville, Mo. (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 Miles West of Higginsville  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1947 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from Oct. 29  
1943 to Oct. 20, 1947  
that I last saw her alive on Oct. 7, 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration Sudden

Due to Chronic myocarditis 10 yrs.

Due to \_\_\_\_\_

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.

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) (e) Means of injury \_\_\_\_\_

23. Signature E. M. ... (M. D. or other) \_\_\_\_\_  
Address Higginsville, Mo. Date signed 10-22-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

1-5-48

NOV 12 1958

MS  
OCT 21 1958

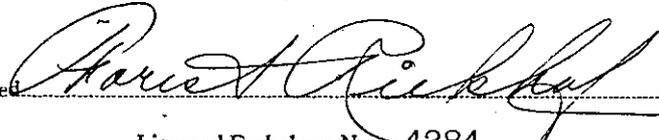
STATEMENT BY LICENSED EMBALMER

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 \_\_\_\_\_



Licensed Embalmer No. 4284

HIGGINSVILLE, MO.

P. O. Address \_\_\_\_\_

**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.