

Filed Office of Vital Statistics  
**FILED JAN 16 1948**

Registration District No. **110**

Primary Registration District No. **4182**

Registrar's No. **55-**

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **New Haven**  
(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 **all**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

(c) City or town **New Haven**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ETTA GREEN STREET**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31st** year **1947** hour **7** minute **0** M.

21. I hereby certify that I attended the deceased from **May 13th**, 19**42** to **December 4**, 19**47**  
that I last saw **her** alive on **December 30**, 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Greenstreet** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased: **Clat** **15** **1878**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**

Due to **Coronary atherosclerosis and hypertension**

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

Duration **5 years**

8. AGE: Years **69** Months **2** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **New Haven Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

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

12. Name **James Heatt**

13. Birthplace **New Haven Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Agatencia Lehill**

15. Birthplace **New Haven Mo**  
(City, town, or county) (State or foreign country)

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

Major findings: **no operation**

Of operations \_\_\_\_\_

Of autopsy **no autopsy**

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

16. (a) Informant **John Greenstreet**

(b) Address **New Haven Mo**

17. (a) **Burial** (b) Date thereof **1-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Haven Mo**

18. (a) Signature of funeral director **W. B. ...**

(b) Address **New Haven Mo**

19. (a) **Jan 2-48** (b) **Jeffie ...**  
(Date received local registrar) (Registrar's signature)

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 **B. P. ...** (M. D. or other) **MD**

Address **New Haven, Mo** Date signed **1/2/48**

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

6

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 1/15/48

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

*Earl Festig*

Licensed Embalmer No.

*33875*

P. O. Address

*New Haven 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.