

FILED NOV 24 1948

Registration District No. 226

Primary Registration District No. 5801

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Monroe
(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: 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 89 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. SW of Shelbina, Mo. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1948 hour 7¹⁵ minute 30³ A.M.
21. I hereby certify that I attended the deceased from 11/8/48
to time of death
that I last saw her alive on 11/8/48, 19____,
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Lillie Belle Greenwell

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Josiah Greenwell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 19, 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name Alden Rice Grout
13. Birthplace Burlington Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Ann Gough
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Ryan Greenwell
(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof Nov. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina, Missouri

19. (a) 12-3-48 (b) Olive Little
(Date received local registrar) (Registrar's signature)

Immediate cause of death Myocardial Infarction
Due to _____
Due to _____
Other conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature J. J. Hoercker (M. D. or other) M.D.
Address Shelbina, Mo. Date signed 11/15/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 1

District File Number 11-48-1992

Date Filed NOV 22 1949

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 Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Shelburne, Me.

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.

Registration District No. 226 ✓ Primary Registration District No. 5801 ✓

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Washington Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monroe

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi SW of Shelburn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie B Greenwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dee 19 1894
(Month) (Day) (Year)

8. AGE: Years 89 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Widow

MOTHER FATHER

11. Industry or business _____

12. Name Walden R. Short

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

14. Maiden name Harriet A. Short

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

16. (a) Informant Anna B. Greenwell
(b) Address Shelburne

17. (a) _____ (b) Date thereof 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburne

18. (a) Signature of funeral director E. Hayer
(b) Address Shelburne MO

19. (a) Dec 3, 1948 (b) Alvin D. Dyer
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

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.

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 J J Berchler (M. D. or other) MO
Address Shelburne Date Dec 3, 1948

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

SUPPLEMENTARY

S-37424