

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39923

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 353

1. PLACE OF DEATH:

(a) County Henry Co.
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hetzl Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)
In this community 67 years

3. (a) PRINT FULL NAME Missie Edna Greenwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. 5

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Greenwell 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 1 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 13 hr. min.

9. Birthplace Near Mt Zion, Henry County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Park
13. Birthplace Near Warsaw, Benton Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hubbard
15. Birthplace Not Given
(City, town, or county) (State or foreign country)

16. (a) Informant Undeini Snyder
(b) Address Loury City Mo
17. (a) Burial (b) Date thereof 12-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Park Grove Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Loury City Missouri
19. (a) 12-16-48 (b) R. P. Kessinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93
(c) City or town Loury City Mo
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1948 hour 6 minute 55 A M.

21. I hereby certify that I attended the deceased from 12-9-48
to 12-14-48, 1948
that I last saw her alive on 12-14-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
following surgery
Due to _____

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations nonfunctioning
gall bladder
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 2
23. Signature Gus S. W. J. 100 (D. or other)
Address 105 E. Ohio Date signed 12/16/48

Clinton Mo

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

RECEIVED

District Health Officer No. 7

District File Number 11-48-1462

Date Filed 12-20-48

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 H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lamoy City 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.