

Registration District No. 137

FILED SEP 11 1942 4 2 16  
Primary Registration District No. ....

Registrar's No. 1169

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
in Calhoun no street number  
(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) 20 yrs

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street, No. in Calhoun no st no  
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA May Greeson

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23  
year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept. 24 1942  
1942 to Aug 23 1942  
that I last saw h. alive on Aug 19 1942  
and that death occurred on the date and hour stated above.

4. Sex F 1. Color or race W

5. Color or race W 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife James W Greeson 6. (c) Age of husband or wife if 72 years

Birth date of deceased 2 11 1879  
(Month) (Day) (Year)

Immediate cause of death Myocardial (acute) following fracture of leg - Carcinoma of uterus  
Due to fracture of leg on Rt side which produced fracture  
Due to produced fracture

8. AGE: Years 63 Months 6 Days 12 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

Major findings: Of operations 45 lb

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Campbell Hill Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

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

12. Name John P Bangor

13. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Stone

15. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

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

16. (a) Informant James W Greeson

(b) Address Calhoun Mo

17. (a) Buried (b) Date thereof 8 25 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) August 25/42 Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

23. Signature Geo S Metz (M. D. or other) \_\_\_\_\_

Address Clinton Mo Date signed Aug 24/42

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

42  
0  
0

**RECEIVED**  
District Health Officer No. 7,  
District File Number 9-42-1601  
Date Filed 9-10-42

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**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. 2478

P. O. Address Clinton, 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.**