

FILED OCT 20 1947
Registration District No. **2074**

Primary Registration District No. **5863**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Couch**
(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
Lifetime)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon**
(c) City or town **Couch**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ben Franklin Greer**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sarah Greer** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 13 1860**
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Alton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **James Monroe Greer**

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

14. Maiden name **Elizabeth Denny**

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

16. (a) Informant **Mrs. Anna Hayes**

(b) Address **Alton, Mo.**

17. (a) **Burial** (b) Date thereof **8/22/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lodge Cem.**

18. (a) Signature of funeral director **Jeland Carter**

(b) Address **Thayer, Mo.**

19. (a) **10-2-47** (b) **Edith Greer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **20**
year **1947** hour **2** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **July 1947** to **Aug 19 1947**
that I last saw him **alive** on **Aug 17 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **bronchial pneumonia**
with degenerative
senescence

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause of 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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **W. Cooper** (M. D. or other) **MD**
Address **Thayer, Mo.** Date signed **9-19-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File No. 1042566

Date Filed 10-17-47

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. _____

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.