

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43098  
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 190  
(b) Township Medell Primary Registration District No. 5264  
(c) City Medell (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lenna Eunice Gregory

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Gregory  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 1 7  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Missouri

FATHER 13. NAME William Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Nancy Jane Batts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Thomas R. Gregory Medell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE see 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Charles Kahoka Mo.

20. FILED Dec 6, 1939 J. R. Bridges Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) see 3rd, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1939, to Dec 3, 1939  
I last saw h. alive on Dec 3, 1939 Death is said to have occurred on the date stated above, at 9:45 AM  
The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion Date of onset \_\_\_\_\_

Other contributory causes of importance: 94

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. R. Bridges M. D.  
(Address) Kahoka Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number <sup>1-40-139</sup> JAN 11 1940

Date Filed -----

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..... *F J Karas* .....

Licensed Embalmer No. *1023*

P. O. Address..... *Katoka Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.