S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5746

Registration District No. FILED MAR 14 1940 2

Primary Registration District No. 4004

Registrar's No. 45

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3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Adair

(b) City or town ~~Nineva~~ Novinger Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home 2
(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) 620

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Novinger, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertie Mable Gregory

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife NeF, Gregory

6. (c) Age of husband or wife if alive years

7. Birth date of deceased ~~Feb~~ May 22 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	9	5	hr. min.

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

10. Usual occupation General House Work

11. Industry or business None

FATHER
12. Name D. Skaggs
13. Birthplace Kentuckey
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie McDowell
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant N.F. Gregory
(b) Address Novinger Mo.

17. (a) ~~Burial~~ Cem. (b) Date thereof Mar 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burried Novinger Cem.

18. (a) Signature of funeral director Wm N. West
(b) Address Queencity Mo.

19. (a) 2-29-40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Feb
year 1940 hour 10 AM minute M.

21. I hereby certify that I attended the deceased from Dec 15 1939, 19 , to Feb 28 1940
that I last saw her alive on Feb 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

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

Major findings:
Of operations —

Of autopsy —

Duration

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?
(Specify type of place)
3 While at work? (e) Means of injury

23. Signature F. B. Farrington (M. D. or other)
Address Kirksville Date signed Feb 29-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-40-605
Date Filed MAR 12 1940

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 Myself Wm H. West, Registered Apprentice No. 2882 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, above space should be left blank.