DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7361

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 907 Fulton Avenue V (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in hospital (Specify whether

In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town ~~Missouri~~ Hannibal (If outside city or town limits, write "RURAL")

(d) Street No. 907 Fulton Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Earley Gregory 626

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 Married

6. (b) Name of husband or wife Navilla E Gregory

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 15, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	17	hr. min.

9. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business E. I. DuPont Company

FATHER
12. Name S. J. Gregory
13. Birthplace Do not know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Turner
15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo. R. Gregory

(b) Address Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal Missouri

19. (a) 2/23/40 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd year 1940 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan-1-37, 19__, to Feb 22, 1940 that I last saw him alive on Feb. 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	4 days
Due to Urinary Obstruction	1 Mo
Due to Prostatic Hypertrophy	2 yr.
Other conditions General Arterio Sclerosis (Include pregnancy within 3 months of death)	10 yr.

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H B Norton (M. D. ~~or other~~)

Address Hannibal Mo Date signed 2/23/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 Roy P. Schwartz, Registered Apprentice No. ____, working under my personal supervision.

Signed Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address Hannibal, 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, above space should be left blank.