18984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 142

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: 215 North Sixth (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 33 years (years, months or days)

626

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 215 North Sixth (If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Elizabeth Gregory

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter H. Gregory

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December (Month) 14 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
41	4	13	..... hr. ..... min.

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

10. Usual occupation At home 0

11. Industry or business —

FATHER
12. Name John Samuel Fisher 0
13. Birthplace Farber (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Beam 0
15. Birthplace Molino (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Walter H. Gregory

(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

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

(b) Address Hannibal, Mo.

19. (a) 5/2/40 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1940 hour 10:50 minute a. M.

21. I hereby certify that I attended the deceased from Jan-1-40, 1940, to April 27, 1940; that I last saw her alive on April 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subacute Bacterial Endocarditis	1 yr.
Due to	
Due to	
Other conditions Cerebral embolia (Include pregnancy within 3 months of death)	2 days

91W

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? 400 (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 4/29/40

(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 I 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. 176 S-O

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.