

No. 2
11-10-39
5-17-39
I, X21492

FILED AUG 19 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25038

Registration District No. 250 Primary Registration District No. 4150 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: --- 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 Years (Specify whether years, months or days) 62 1/2

3. (a) PRINT FULL NAME Edward Shephard Gregory
8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vassie I. Gregory 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 31 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 15 hr. min.

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

10. Usual occupation Optometrist & Jeweler

11. Industry or business ---

MOTHER FATHER { 12. Name (Unknown) Gregory /
13. Birthplace Springfield Mass. /
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vassie I. Gregory
(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof July 18, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope, J. H. & Co.
(b) Address Gallatin Mo.

19. July-17-1940 (b) H. A. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin,
0 (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.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
year 1940 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7/10/40, 19 to 7/16/40, 19 ;
that I last saw him alive on 7/16/40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Hypertensive Cardio-vascular dis.
Due to Acute myocarditis 1 wh
Duration ---

Other conditions (Include pregnancy within 3 months of death)

Major findings: 150
Of operations ---
Of autopsy ---

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) 227
While at work? (Specify means of injury)

23. Signature Edward Davis (M. D. or other) !
Address Gallatin Mo. Date signed 7/17/40

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

RECEIVED

District Health Officer No. 11
District File Number 840-1310
Date Filed AUG 15 1949

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 L. O. Richerson

Licensed Embalmer No. 3302

P. O. Address Galatien, 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.