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5-17-39
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Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **110**

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

1. PLACE OF DEATH:

(a) County **Lawrence**

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **169** **3**
(Specify whether)

In this community **169**
(years, months or days)

3. (a) PRINT FULL NAME **Howard Brown Gregory**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None known**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Nov. 22 1911**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	9	13	hr. min.

9. Birthplace **Yates Center Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business _____

MOTHER FATHER { 12. Name **George B. Gregory**

18. Birthplace **Albert Lee Minn**
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel Arne**

16. Birthplace **Adrian Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Missouri State Sanatorium**

17. (a) **Removed** (b) Date thereof **Feb. 6-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rich Hill, Missouri**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Rich Hill, Mo.**

19. (a) **9-4-1940** (b) **P. A. Palmer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Rich Hill**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th**
year **1940** hour **6:10** minute **A** M.

21. I hereby certify that I attended the deceased from **March 18 1940** to **Sept. 4 1940**
that I last saw him alive on **Sept. 3 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis (bilateral)** **1 1/2 yrs**
(Include pregnancy within 3 months of death)

Due to **27**

Due to _____

Other conditions **Bronchopneumonia**
(Include pregnancy within 3 months of death)

Major findings: **Pneumothorax**

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? _____

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

23. Signature **Jessie B. Brown** (M. D. or other) **[Signature]**

Address **Rich Hill, Mo.** Date signed **9-4-40**

RECEIVED

District Health Officer No. 6,

District File Number 1040-2758

Date Filed OCT 17 1947

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.....

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.