

Registration District No. **142**

Primary Registration District No. **5193**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **McDonald**  
(b) City or town **Anderson Rural Erie Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULLNAME **Johnnie Edwin Gregory**

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 **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **February 8 1939**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>1</b>	<b>11</b>	<b>3</b>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles Gregory**

{ 13. Birthplace **Mont. Know Kansas**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Martha Cornelison**

{ 15. Birthplace **Goodman Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Nellie Cornelison**

(b) Address **Anderson Missouri**

17. (a) **Burial** (b) Date thereof **1--13--41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakwood**

18. (a) Signature of funeral director **M.D. Snow - J. H. F. H.**

(b) Address **Anderson, Missouri**

19. (a) **2-10-41** (b) **Chas W. Williams**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **McDonald** **60**  
(c) City or town **Anderson Rural Erie Twp.** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. 3** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **11**  
year **1941** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **5th. Degree Burns**  
**accidental**

Due to **Home Burned**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **1st 1st**  
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 **50**  
(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?  
**4 1/2 ft** (Specify type of place)  
While at work? \_\_\_\_\_ (g) Means of injury \_\_\_\_\_

23. Signature **M. W. Snow** (M.D. or other) **Coroner 3**  
Address **Anderson, Mo.** Date signed **1-13-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 241-324

Date Filed FEB 17 1941

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.....

Was not Embalmed, Registered Apprentice No.....  
working under my personal supervision.

Signed M. H. Snow

Licensed Embalmer No. 4034

P. O. Address Anderson, 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, fact should be so stated above.