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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7131

LED MAR 17 1941

Registration District No. 4159

Primary Registration District No. 5549

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County St. Iron County

(b) ~~City or town~~ Granite Ville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Iron

(c) City or town Granitville Mo
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mrs. Leta L. Gregory

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white Conc. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert Gregory 6. (c) Age of husband or wife if alive about 65 years

7. Birth date of deceased July (Month) 26 (Day) 1875 (Year)

8. AGE: Years 65 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Dillard, Mo. (City, town, or county) O MO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Mr. Wm Bates
13. Birthplace Dent County (City, town, or county) O MO (State or foreign country)

MOTHER
14. Maiden name Martha Mecey
15. Birthplace Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant Mr. Robert Gregory (Husband)
(b) Address Granite Ville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Middle Brook

18. (a) Signature of funeral director Alvin W. Hood
(b) Address Flat River, Mo.

19. (a) March 8 1941 (Date received local registrar) (b) Mrs. J. A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17th year 1941 hour 6 minute AM M.

21. I hereby certify that I attended the deceased from July 1 1937 to Feby 17 1941; that I last saw her alive on Feby 12 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to Hypertension & Diabetes

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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 F. W. Gale (M. D. or other) D
Address Bismarck Mo Date signed 2/18-41

(Licensed Embalmer's Statement on Reverse Side)

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 Alonzo W. Hood (303 Crawford St.)

Licensed Embalmer No. 2280.

P. O. Address Fall River, Mass.

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.