

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium *D*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 3 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *48*
(c) City or town Rural *4*
(If outside city or town limits, write "RURAL")
(d) Street No. 11701 E. 23rd St., Independence *4*
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Marveen Lucille GREGG

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single *U*

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

7. Birth date of deceased March 8, 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months 0 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

12. Name George Gregg

13. Birthplace Missouri *U*
(City, town, or county) (State or foreign country)

14. Maiden name Pearl Wells
(City, town, or county) (State or foreign country)

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

16. (a) Informant Paul Gregg

(b) Address 1516 So. Osage, Independence,
Burial (b) Date thereof March 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creighton, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo. 360

19. (a) March 13 41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 9
1941 to March 11 1941
that I last saw her alive on March 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute myocardial atrophy of the heart
Due to heart failure

Due to _____
Due to _____

Other conditions Secondary
(Include pregnancy within 3 months of death)
broncho pneumonia

Major findings:
Of operations _____

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence _____

(c) Where did injury occur? room
(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)
C. While at work? _____ (e) Means of injury _____

23. Signature J. L. Cook (M. D. or other) *U*

Address _____ Date signed _____

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

8
4
4

MOTHER FATHER

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 H. O. Blackman

Licensed Embalmer No. 3639

P. O. Address H. C. 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.