S. No. 2
-11-10-39
5-17-39
P I X21492

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19260

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 148

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

8
1
2

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 400 S Indiana (If not in hospital or institution, write street number or location)

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

In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Nevada (If outside city or town limits, write "RURAL") 1

(d) Street No. 400 S. Indiana (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Flora Della Gregory

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Burl Gregory

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 20 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name David Williamson

13. Birthplace Unknown, Ky (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Pearl Johnson

15. Birthplace Unknown, Ky (City, town, or county) (State or foreign country)

16. (a) Informant Burl E Gregory

(b) Address Nevada R R 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt View Cem

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada, Mo

19. (a) 5/13/41 (Date received by local registrar) (b) Allen V. Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1941 hour 7:40 minute P M.

21. I hereby certify that I attended the deceased from Dec 7, 1939, to May 7, 1941; that I last saw her alive on May 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis	1 yr
Due to Carcinoma rt breast	?
Due to	
Other conditions (Include pregnancy within 3 months of death) SD	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R W Pearce (M. D. or other) MD

Address Nevada Mo Date signed 5/12/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1946

RECEIVED
District Health Officer No. 7,
District File Number 6-41-962
Date Filed 6-10-41

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 Lloyd R. Winsworth

Licensed Embalmer No. 3867

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.