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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

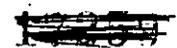
FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19556

State File No.



Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **499**

1. PLACE OF DEATH
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2511 Garfield Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 22 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2511 Garfield Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gale Glee Gregory
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5th
 year 1941 hour 7 minute 05 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 Divorced
 6. (b) Name of husband or wife Henry Gregory
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased November 23, 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1941 to 5/1/20, 1941
 that I last saw her alive on May 5, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>5</u>	<u>12</u>	hr. min.

Immediate cause of death Generalized Carcinomatosis
 Duration

9. Birthplace Imogene Iowa
(City, town, or county) (State or foreign country)

Due to Carcinoma of Cervix
 Due to 4/1/20

10. Usual occupation At Home

Other conditions 4/1/20
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Ivan Coulter
 13. Birthplace Unknown Nebraska
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Lewis
 15. Birthplace Malvern Iowa
(City, town, or county) (State or foreign country)

Major findings:
 Of operations abdominal Carcinomatosis
2/20/41
 Of autopsy -
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ivan Coulter
 (b) Address Sheldon, Missouri.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

17. (a) BURIAL (b) Date thereof 5/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation

(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?
85
(Specify type of place)
 While at work? (e) Means of injury

18. (a) Signature of funeral director Wm. A. ...
 (b) Address 1802 Union Str. St. Joseph, Mo.

23. Signature RO Pearson (M. D. or other)
 Address 825 ... ST. JOSEPH Date signed 5/6/41

19. (a) 5/7/41 (b) W. M. ...
(Date received local registrar) (Registrar's signature)

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

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 *Albert C. Harrington*
Licensed Embalmer No. *3268*
P. O. Address *St. Joseph, 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.