

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

1941 STANDARD CERTIFICATE OF DEATH

22972

State File No. \_\_\_\_\_

Registration District No. 1073

Primary Registration District No. 8162

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada, Mo Rt # 11  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nevada, Mo Rt # 11  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Florence J. Gregg

3. (b) If veteran, name war no 3. (c) Social Security No. 2200

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry J. Gregg 6. (c) Age of husband or wife if deceased deceased

7. Birth date of deceased Mar 30, 1928  
(Month) (Day) (Year)

8. AGE: Years 12 Months 5 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bridgport / Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher - Housewife

11. Industry or business Retired

12. Name Gross Edmister

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

14. Maiden name Clara Campbell

15. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy M. Gregg  
(b) Address Nevada Mo Rt # 11

17. (a) Rural (b) Date thereof 6/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balltown Cemetery

18. (a) Signature of funeral director Fernando H. Harte  
(b) Address Nevada, Mo.

19. (a) 6-1-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1941 hour 11:20 minute A M.

21. I hereby certify that I attended the deceased from Apr 24, 1941 to June 28, 1941  
that I last saw her alive on June 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with metastases  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: 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 ✓  
(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?

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

23. Signature W. H. Harte (M. D. or other) MD  
Address Nevada, Mo Date signed 7/1/41

Duration about one year  
PHYSICIAN \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

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

8860

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1080

Date Filed 7-7-41

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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. Winslow

Licensed Embalmer No. 3857

P. O. Address Wade, Mo

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

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