

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35893

FILED NOV 13 1941

Registration District No. _____

Primary Registration District No. 740-4442

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Hardin

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

(c) Name of hospital or institution: Home Hardin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 70 yrs
years, months or days

3. (a) PRINT FULL NAME John Mc. Gregor

3. (b) If veteran, nature war _____

3. (c) Social Security No. _____

4. Sex Male Color White

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

6. (b) Name of husband or wife Martha Mc. Gregor

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June 19 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Dont know Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpenter

12. Name Will Mc Gregor

13. Birthplace MT Grove Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know O
(City, town, or county) (State or foreign country)

16. (a) Informant Mally Hopper

(b) Address Hardin

17. (a) Burial (b) Date thereof 10-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cemetery

18. (a) Signature of funeral director W. H. Hopper

(b) Address Hardin

19. (a) Oct. 11 1941 (b) P. W. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1841 hour 4 minute 10 a.m.

21. I hereby certify that I attended the deceased from Sept 20
_____, 1941, to Oct 9, 1941;
that I last saw him alive on Oct 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bronchial Pneumonia</u>	<u>20 days</u>
Due to <u>Chronic Interstitial Nephritis</u>	<u>3 yrs</u>
Due to <u>Arterio-Sclerosis</u>	<u>10 yrs</u>
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____

Of autopsy _____

107

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Marion James M. H. (M. D. or other)
Address Hardin, Mo. Date signed 10/11/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-11-41
Date Filed

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 R. P. Rogers
Licensed Embalmer No. 3576
P. O. Address Hardin, m

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.