

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
DEC 5 1941

Registration District No. 464

Primary Registration District No. 5626

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Rural Mayvew-Mo. West  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community all life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 1/2 MILES SAW OF MAYVIE MO.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Bell Gregory

3. (b) If veteran, name war no 3. (c) Social Security No. 726

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jesse Franklyn Gregory 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased July 1 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 9 If less than one day hr. min.

9. Birthplace near Auburville Lafayette County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Charles James

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

14. Maiden name Emma Olive Peterson

15. Birthplace Ray County - Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Idell Beasly Himes

(b) Address Mayvew Mo #1

17. (a) BURIAL (b) Date thereof NOV 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel, rural church

18. (a) Signature of funeral director E. S. Himes

(b) Address CONCORDIA MO

19. (a) Nov 20-41 (b) Mrs. E. M. Goodwin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19  
year 1941 hour 9 minute 47 P. M.  
21. I hereby certify that I attended the deceased from July 21 1939 to Nov 18 1941  
that I last saw her alive on Nov 12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardioma of Breast  
Duration 3 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 50

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? \_\_\_\_\_

While attending \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. S. Himes (M. D. or other) \_\_\_\_\_  
Address Concordia Mo Date signed 11/20/41

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-4-44

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 *me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. S. James*  
Licensed Embalmer No. *2058*  
P. O. Address *Concordia 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.