

FILED JUL 14 1942  
Registration District No. 825

Primary Registration District No. 1001

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: 2143 ST-JOSEPH-1 AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community ABT- 50-YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN  
(c) City or town ST-JOSEPH  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2143 ST-JOSEPH-AVE.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT-A-GREGORY  
3. (b) If veteran of Spanish Am. War Social Security  
and World War #1 No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 25  
year 1942 hour 4:00 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from December  
14 1941 to June 28 1942  
that I last saw her alive on June 27 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie A. Gregory 6. (c) Age of husband or wife if  
alive 57 years  
7. Birth date of deceased Nov 29 1981  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration ?

8. AGE: Years Months Days If less than one day  
60 6 29 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace California MO  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired R.P.

Major findings: Of operations \_\_\_\_\_

11. Industry or business Mail Service

Of autopsy \_\_\_\_\_

12. Name Mitchell Gregory

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Gregory

(b) Address St Joseph, MO

17. (a) burial (b) Date thereof July 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alphand Cem.

18. (a) Signature of funeral director Ray Stamer

(b) Address St Joseph, MO

19. (a) 6-29-42 (b) R. Gregory  
(Data received local registrar) (Registrar's Signature)

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 Peroi Best M.D. (M. D. or other) 0  
Address King Hill Rd Date signed 6/29/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
AUG 6 1942

**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..... *John Roy Slawey*.....  
Licensed Embalmer No..... *2435*.....  
P. O. Address..... *H. J. M. Co.*.....

**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.**