

FILED JUL 15 1942
Registration District No. ~~645~~ 836

Primary Registration District No. ~~4559~~ 6100

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None! Elk Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 9 hrs 20 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Parma Rural RT 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi. North West Parma
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME J. O. ANN-GREGG

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 5-29, 1942, to 5-29, 1942, that I last saw her alive on 5-29, 1942, and that death occurred on the date and hour stated above.

4. Sex 7 1 1 Color or race w. 5. Color or race w.

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

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

7. Birth date of deceased May 28 1942
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis

Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr 30 min.

Due to _____

Due to _____

9. Birthplace Parma Stoddard Co.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation None

11. Industry or business None

Major findings: Of operations 159

Of autopsy _____

MOTHER FATHER

12. Name Anna Gregg

13. Birthplace Walnut Ridge, Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Silvia Chavens

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Gregg

(b) Address Parma

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 May 30 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

(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? _____

18. (a) Signature of funeral director William J. Hanning While at work? _____

(b) Address Parma, Mo. (Specify type of place) _____

(c) Means of injury _____

23. Signature Scott Luster (M. D. or other) MD

Address Parma Date signed 5/29/42

19. (a) 6-10-42 (b) Cordie Miller
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 742-911

Date Filed JUL 13 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.....

Licensed Embalmer No.....

P. O. Address.....

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.