

Registration District No. 385

Primary Registration District No. 5540

1. PLACE OF DEATH:
(a) County. Howell
(b) City or town. Rural - Dry Creek Township.
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. 32 Yrs. in State
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Howell
(c) City or town. Rural - Willow Springs.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME. ELBERT CARLTON GREGORY
3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-01-7789

MEDICAL CERTIFICATION
20. DATE OF DEATH. Month March 24, 1942 P.
year 1942 hour 1:30 minute _____ M.
21. I hereby certify that I attended the deceased from Mar 24
1942 to Mar 24 1942
that I last saw alive on Mar 24 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Blanche Williams Gregory 6. (c) Age of husband or wife if alive. 62 years
7. Birth date of deceased. November 11, 1877
(Month) (Day) (Year)

Immediate cause of death. Heart failure
due to stenosis
Due to _____
Due to _____
Other conditions. (Include pregnancy within 3 months of death)
928

8. AGE: Years Months Days If less than one day
64 4 13 hr. _____ min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace. Alton, Kansas.
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming
11. Industry or business. Farming

MOTHER FATHER { 12. Name. William R. Gregory
13. Birthplace. Iowa.
(City, town, or county) (State or foreign country)
14. Maiden name. Mary S. Smith
15. Birthplace. Iowa.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. E.C. Gregory,
(b) Address. Pomona, Missouri. R#2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 3-26-42.
(Month) (Day) (Year)
(c) Place: burial or cremation. Hutton Valley Cemetery.

18. (a) Signature of funeral director. Burns Funeral Home.
(b) Address. Willow Springs, Missouri.

19. (a) 3-25-42. (Date received local registrar) (b) Janetta Ferguson
(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. S. J. Johnson (M.D. or other) _____
Address. Willow Springs Date signed Mar 27

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

600

4650

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

20

RECEIVED

District Health Officer No 5

District File Number 742432

Date Filed 7-27-42

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 Thomas R. Burns, Jr

Licensed Embalmer No. #4214

P. O. Address Willow Springs, 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.