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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30667

Registration District No. 169 Primary Registration District No. 5623 Registrar's No. 47

1. PLACE OF DEATH

(a) County KNOX
(b) City or town RURAL - Salt River Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Rural 0
(If outside city or town limits, write "RURAL.") 0
(d) Street No. Salt River Twp.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY ALLEN GREGORY

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALICE WALKER
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased MAY (Month) 14 (Day) 1869 (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace MACON COUNTY (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business "
FATHER
12. Name EDWARD I GREGORY
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name HARRIET HAMILTON
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Alice Gregory
(b) Address Hurdland Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof MARCH 22/42 (Month) (Day) (Year)
(c) Place: burial or cremation LOCUST HILL CEMETERY
18. (a) Signature of funeral director Geo B Easley Jr
(b) Address Hurdland Mo
19. (a) Sept 20 1942 (Date received local registrar) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20
year 1942 hour 3 minute 20 P M.
21. I hereby certify that I attended the deceased from Jan 1st 1942 to March 20 1942
that I last saw him alive on March 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis valvular disease — Duration 1938 to 1942
Due to Hypertension and Renal disease
Due to
Other conditions (Include pregnancy within 3 months of death) 1310
Major findings:
Of operations
Of autopsy None

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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature E O Holmes ~~(M. D. or other)~~ DO
Address Novelty Mo Date signed Sept 5 1942

1142 (Licensed Embalmer's Statement on Reverse Side)

R. EAS

RECEIVED
District Health Officer No. 10
District File Number 10-42-1866
Date Filed OCT - 7 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 Geo B Easley Jr.

Licensed Embalmer No. 3455

P. O. Address Hurdland 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.