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40583

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN-11 1943

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 162

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bonville Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Adel Van Ravenswaay Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 45

(a) State Mo. (b) County Howard 3

(c) City or town New Franklin Mo. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME ELLA PEARL GREGORY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 22  
year 1942 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from AUG 24  
1942 to DEC 22 1942  
that I last saw h. E.P. alive on DEC 21 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife William E. Gregory 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 22 - 1893  
(Month) (Day) (Year)

Immediate cause of death METASTATIC  
C.A. OF LIVER (?) NO. 11-42

Duration \_\_\_\_\_

Due to CARD. LEFT. OVARY

Due to 49a

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

8. AGE: Years 49 Months 8 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway Co. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Thomas Chaney

13. Birthplace not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Bartley Rogers

15. Birthplace Callaway Co. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant H.E. Gregory

(b) Address New Franklin Mo.

17. (a) Removal (b) Date thereof 12/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mokane Mo.

18. (a) Signature of funeral director C.S. Blumlein

(b) Address New Franklin Mo.

19. (a) Dec. 23 - (b) Dr. Chas. Swap  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Major findings: AS ABOVE!  
(OVARICTOMY AUG 24, 1942)

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

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 at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Arthur H. Wells (M. D. or other) \_\_\_\_\_  
Address Bonville Mo. Date signed 12-23-42

1050

RECEIVED

District Health Officer No. 8,

District File Number

Date Filled 7-8-43

**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 A.P. Hall  
Licensed Embalmer No. 3515  
P. O. Address New Franklin

**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.