S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1943

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 1595

Registrar's No. 1279

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: St. Joseph's Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1601½ Francis St 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Myrtle Gregory

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: divorced 9

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July 13, 1900 (Month) (Day) (Year)

8. AGE: Years 42 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace: Bendena, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business: St. Joseph Union Observer

FATHER
12. Name: Peter Severin
13. Birthplace: United States 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown Fainstreet
15. Birthplace: West Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Paul Gregory Jr S. D.
(b) Address: U.S.Army Paratroops Sioux Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director: Tracy Barry Funeral Home
(b) Address: 218 South 10th St

19. (a) 1-2-42 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Dec 31, 1942; that I last saw he alive on Dec 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital malf left kidney - Chronic nephritis Hypertrophied heart - Hypertension

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy: as above

Duration

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: 0

23. Signature: M Sebastian (M. D. or other) MD

Address: 620 Francis Date signed: 1-1-43

1255

(Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.