

Registration District No. 322

Primary Registration District No. 4041

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Glen Allen
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Glen Allen
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maranda Gregory
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4th
year 1943 hour 1:00 minute _____ P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas J. Gregory
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased March 27 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 21
1943 to May 4 1943
that I last saw _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>I</u>	<u>7</u>	_____ hr. _____ min.

Immediate cause of death Arterio sclerosis and acute nephritis
Due to _____
Due to _____

9. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions old age
(Include pregnancy within 3 months of death)

10. Usual occupation Hwf.

Major findings:
Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Ephram Myers
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Senna Liley
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Gregory
(b) Address Glen Allen, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Myers Cem.

23. Signature Dr. J. M. Fenney (M. D. or other) M.D.
Address White Water, Mo. Date signed May 4, 1943

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.
19. (a) May 4, 1943 (Date received local registrar) (b) Mrs. Geneva Bush (Registrar's signature)

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

RECEIVED

District Health Officer No. 4
District File Number 643-2295
Date Filed 6-7-43

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.....

Do embalming....., 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.

Registration District No. 22

Primary Registration District No. 4541

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Stallen
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Macanda Gregory
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased March 27 1956
(Month) (Day) (Year)

8. AGE: 82 Years Months Days If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____;

that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death acute nephritis

mistake

Due to Chronic nephritis
Course unknown.

Due to _____

Other conditions old age
(Include pregnancy within 3 months of death)

Major findings: 1316
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTAL

17329