

LED JUN 10 1943

Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. **296**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution:
315 N. Joplin /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **47 years**
In this community **47 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL.")
(d) Street No. **315 N. Joplin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **John W. S. Gregory**
3. (b) If veteran, name war *** * ***
3. (c) Social Security No. **490-20-1907**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **23**
year **1943** hour **10** minute **45** P.M.

4. Sex **Male**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Bonnie Gregory**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **August 1, 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-13** 19**43** to **5-23** 19**42**;
that I last saw him alive on **5-23** 19**42**;
and that death occurred on the date and hour stated above.

8. AGE: Years **59** Months **9** Days **23**
If less than one day hr. min.

Immediate cause of death **Acute hemorrhagic nephritis**
Due to **Multiple fractures of left tibia and fibula**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration **5 mo**
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Greenwood Kansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **mill operator**

11. Industry or business
12. Name **David F. Gregory**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **No record**
15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bonnie Gregory**
(b) Address **Joplin, Mo.**
17. (a) Burial (b) Date thereof **3/26/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Osborn Hill**
18. (a) Signature of funeral director **Hurlbut and Co.**
(b) Address **Joplin, Mo.**
19. (a) **5-25-43** (b) **Gertrude Sudhoffer**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **149**
(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 **John W. S. Gregory** (M. D. or other)
Address **Joplin, Mo.** Date signed **5/25/43**

1204

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

5129

48-5-10

176

JUN 25 1943

JUN 29 1943

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.....

Ferry K. Huelsch

Licensed Embalmer No.....

95-9

P. O. Address.....

Japan, N.C.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Joplin
(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 47 yr. years, months or days)

3. (a) PRINT FULL NAME John W. S. Gregory
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 490-20-1907

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 50 yr. year

7. Birth date of deceased Aug. 1-1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 5 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 315 N. Joplin (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 23 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 hemorrhagic nephritis

Due to Multiple fractures of left tibia + fibula 5 No.

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence late Jan 13 93 2nd = May 13 93

(c) Where did injury occur? near garage (City, town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home at his home

While at work? Yes (Specify type of place) (e) Means of Injury Fell down from shaft

23. Signature John W. S. Gregory (M. D. or other) MD

Address _____ Date signed 1/13/43

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

SUPPLEMENTAL

S-18112