

FILED MAY 12 1944

Registration District No. **70244**

Primary Registration District No. **0418**

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

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Malden, Missouri R.2**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Cotton Hill Hosp**
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin 3**

(c) City or town **Malden R.2**
(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 **Sandra Joan Gregory**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15** year **1944** hour **10:00** minute **15** M.

4. Sex **Female** 5. Color or race **White**

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

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

7. Birth date of deceased **Oct. 22 1943**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 13** 1944 to **April 15** 1944 that I last saw her alive on **April 15** 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	5	23		hr. _____ min.

Immediate cause of death: **Broncho-Pneumonia** Duration **4 da**

Due to _____

Due to _____

9. Birthplace **Malden, Mo.** (City, town, or county) **C** (State or foreign country)

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

10. Usual occupation **Infant**

Major findings: **158**

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER

12. Name **Howard Gregory**

13. Birthplace **Dexter Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Vanetia Tucker**

15. Birthplace **Bernie Mo.** (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 **Howard Gregory**

(b) Address **Malden, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-16-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Bernie Cemetery**

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

18. (a) Signature of funeral director **Watkins Funeral Ser.**

(b) Address **Dexter, Missouri**

19. (a) **4-28-44** (Date received local registrar) (b) **R. O. Elder** (Registrar's signature)

23. Signature **F. O. Kelley** (M.D. or other) **PC**

Address **Bernie Mo.** Date signed **4-28-44**

RECEIVED

District Health Office No. 2,

District File Number 544-703

Date Filed 6-11-44

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.....

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.