

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 397

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence 1026 Church  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 6-4  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 1026 Church (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 11

3. (a) PRINT FULL NAME Silas Turner Gregory  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 16  
year 1944 hour 2 minute 15 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased November 9, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 43 Dec - 1 Jan - 1  
to 16 Dec 1944 to 15 Jan 1945  
that I last saw him alive on Dec 16 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Congestive Heart failure Duration 2 yr.  
Due to Arterio-sclerosis  
Due to Hypertension 20 yr.

9. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Express

11. Industry or business American Railway Co

12. Name Sandy Gregory

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

14. Maiden name Laura Turner

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

16. (a) Informant Walter Gregory  
(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 12/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Wm M Smith  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-19-44 (b) R Jh Conroy  
(Data received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 9302  
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 H B Norton (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 12/18/44

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

4  
13  
Norton

1146

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**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

*George T. Bond*

Licensed Embalmer No..... 4373

P. O. Address..... Hannibal Missouri

**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.**