

FILED APR 3 1945  
Registration District No. 2

Primary Registration District No. 6-1-9-34518

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

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Wellman  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Wellman Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 wks  
(Specify whether)

In this community to date  
years, months or days

8. (a) PRINT FULL NAME GEORGE HENRY GREGG

8. (b) If veteran, name war no

8. (c) Social Security No. no

4. Sex Male

5. Color or race white

6. (g) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Alvena Gregg

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

7. Birth date of deceased June - 9<sup>th</sup> - 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>17</u>	hr. min.

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

10. Usual occupation Electrical Engineer

11. Industry or business

MOTHER FATHER

12. Name James Henry Gregg

13. Birthplace Fairquiere Co. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Elizabeth St. Clair

15. Birthplace Warren Co. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Marry E. Snider

(b) Address 3925 Westminster Place S.D. Mo.

17. (a) Burial (b) Date thereof March 24 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Mo.

18. (a) Signature of funeral director R.O. Whelchel

(b) Address Princeton Mo.

19. (a) April 3/45 (b) Mary Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Taney

(c) City or town Branson  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 106 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 26  
year 1945 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 15 1945 to March 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 days

Due to Shock + 3rd degree burn on left leg 5 wks

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Harry T. Evans (M. D. or other) MD

Address Branson Mo Date signed 3/28/45

RECEIVED  
District Health Officer No. 6,  
District File Number 445-406  
Date Filed APR 5 1945

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 *Minnie L. Wheelock*  
Licensed Embalmer No. *2277*  
P. O. Address *Brunson*

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, above space should be left blank.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. AprilRegistration District No. 352Primary Registration District No. (4518)Registrar's No. 12

## 1. PLACE OF DEATH:

(a) County Louis  
 (b) City or town Hallsville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
William Nursing Home  
 (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 NAMEGeorge H. Gregg3. (b) If veteran,  
name war.....3. (c) Social Security  
No.....4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
divorced.....6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years7. Birth date of deceased June 1919  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day,  
78 9 1 min.9. Birthplace (City, town, or county) (State or foreign country)  
Ohio

10. Usual occupation

11. Industry or business

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) (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 Mar Day 6  
year 1946 hour..... minute..... M.21. I hereby certify that I attended the deceased from  
19..... to 19.....that I last saw him alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....

Due to SenilityOther conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
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) Natural death

(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 Harry P. Evans M.D. or other.....Address Brandon Date signed 3/9/46

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

SUPPLEMENTARY

10804