

FILED AUG 4 1945
Registration District No. 3023

Primary Registration District No. 3023

State File No. _____

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 59 years.
years, months or days)

3. (a) PRINT
FULL NAME

Edgar Leroy Gregg

9. (b) If veteran,
name war _____

3. (c) Social Security

No. 492-18-7517

4. Sex Male
5. Color or race White

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

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

6. (c) Age of husband or wife if
alive 54 years

7. Birth date of deceased February 13 1886
(Month) (Day) (Year)

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

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Nathan Gregg
13. Birthplace Craighton Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Lytle
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Gregg Jr.
(b) Address Craighton Mo

17. (a) Burial (b) Date thereof 7-24-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parker Cemetery

18. (a) Signature of funeral director Robert Arnold
(b) Address Craighton Mo

19. (a) July 31 (b) Myrtle Browder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Craighton Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1945 hour 3:53 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 18
_____, 1945 to July 21, 1945
that I last saw him alive on July 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
thrombosis

Due to fracture of left femur

Due to fr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations fracture of left femur

Of autopsy fracture of left femur

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 18
(c) Where did injury occur? H. C. W. 42
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

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

23. Signature Sam W. [illegible] (D. or other)
Address 105 E. Ohio Date signed July 21 45

RECEIVED
D. H. H. Officer No. 7,
D. H. H. Number 7-45-817
Date Filed 8-13-45
Date Filed

NOV 28 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

Robert Arnold

Licensed Embalmer No.

3621

P. O. Address

Craigton Mo.

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.