

FILED OCT 18 1945

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
705 S. Olive St. /
(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 Audrain ⁴
(c) City or town Mexico ¹
(If outside city or town limits, write "RURAL")
(d) Street No. 805 S. OLIVE ²
(If rural, give location) ⁰
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Lee Gregory

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Gregory 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January 26, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John B. Gregory
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Isabelle Scholl
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Gregory
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Sept. 4, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. E. Pugh

(b) Address Mexico, Mo.

19. (a) Sept 4-1945 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1945 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from Aug 26, 1945, to Sept 2, 1945; that I last saw him alive on Sept 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of bowels
Due to Proximal Ulcer

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) (or) Means of injury _____

23. Signature [Signature] Address _____ Date signed 9-3-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1406

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

RECEIVED

District Health Officer No. 10

District File Number 10-45-1607

Date Filed OCT-17-1945

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.