

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1408

State File No. _____
Registrar's No. 1

FILED JAN 21 1946
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Neurological Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
2 weeks (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Ellsworth 999
(c) City or town Rural
(If outside city or town limits, write "RURAL") 14
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 21
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mattie a Gregory
(b) If veteran, name war X
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day -1-
year 1946 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 12 1945 to Jan 1 1946
that I last saw her alive on Jan 1 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color of race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Gregory
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased August 23 1884
(Month) (Day) (Year)

Immediate cause of death:
acute cardiac dilatation 12 hrs
Due to an aortic aneurysm 2 wks
Due to a manic depressive psychosis 2 wks
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
61 4 8 hr. min.
9. Birthplace Webster County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Major findings: g/c
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Albert J Graves
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Lowell L Forkner
(b) Address Rt 2 Brookville Kansas
17. (a) Removal (b) Date thereof Jan 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Yordy Cemetery
18. (a) Signature of funeral director J W Waggoner
Kansas City Mo.
(b) Address _____
19. (a) 1-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (Means of injury) _____
23. Signature W. H. Wilson (M. D. or other) _____
Address Kansas City, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

997

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 Alvin R. Haenschell

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.