S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2275

FILED FEB 7 1946

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 32

1. PLACE OF DEATH:
(a) County: CALLAWAY
(b) City or town: FULTON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 GRAND AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 512 Grand Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: GAY ANNA GREGER
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: MAR. (Month) 21 (Day) 1872 (Year)
8. AGE: Years 73 Months 9 Days 25 If less than one day ____ hr. ____ min.
9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: SUPERVISOR D.D. SCHOOL
11. Industry or business ____
FATHER
12. Name: J. W. GREGER
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MELISSA BRICKER
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: MRS ERNEST DREPS
(b) Address: FULTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 17, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: HILL-CREST FULTON
18. (a) Signature of funeral director: Glen Y. Mangin
(b) Address: 712 Court Fulton, Mo.
19. (a) Jan 17-1946 (Date received local registrar) (b) Joe Mosenkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1946 hour 11 o'clock A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive ____, 19__; and that death occurred on the date and hour stated above. Cause of death was not attended by a physician. Was called after death. Dr. Chas. Sanford Jumping, Fulton, Mo. Duration
Immediate cause of death: due to Cardiac Insufficiency, Pulmonary Tuberculosis and
Due to: Old Rheumatic Condition
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy: 920

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: W. J. Garrett Coroner (M. D. or other)
Address: Fulton, Mo. Date signed 1-16-46

(Licensed Embalmer's Statement on Reverse Side)

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OCT 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-5-46

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 Glen Y. Mayer

Licensed Embalmer No. 2425

P. O. Address Fulton, 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.