S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3479

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4442

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 49

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: K.C.O.S. Hosp. (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 Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 416 So-High (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Shelton E Gregory

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mabel

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

7. Birth date of deceased Aug (Month) 25 (Day) 1887 (Year)

8. AGE: Years 58 Months 5 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Merchant

11. Industry or business Silver business

FATHER
12. Name Richard Gregory
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Hattie Davis
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Mabel Gregory

(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Summers & Powell

(b) Address Kirksville Mo

19. (a) 2-12-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 10 year 1945 hour 6 minute 46A M.

21. I hereby certify that I attended the deceased from 2-3-46, 19..., to 2-10-46, 19...; that I last saw him alive on 2-10-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic Nephritis	
Due to Chronic Arterial Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131b
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) .....

(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 Gilbert H Kroger (M. D. or other) DO

Address Kirksville, Mo Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

2-19-46 (50)

2-46-230
2 13 - 1946

FEB 23 1946

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. W. C. Simmons

Licensed Embalmer No. 2159

P. O. Address. Kirkwood

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.