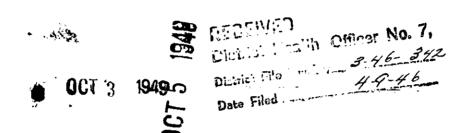
APR IN 1076	ICATE OF DEATH State File No. 1293	· 7
Registration District No. 197 Primary Registration Dist	rice No. 3093 Registrar's No. 69	
1. PLACE OF DEATH  (c) County	(a) State (b) County (if outside city or town limits, write "RURAL"  (d) Street No. (1f cural, give location)	
In this community	(c) Citizen of foreign country?	.(Yes or No)
3. (a) PRINT GEOFGE W Gregory  TULL NAME. GEOFGE W Gregory  3. (b) If veteran,  name war. L No. L	MEDICAL CERTATION  20. DATE OF DEATH: Month day minute	OP.M
1. Sex 10 5. Color or race 10 divorced divorced	21. I hereby certify that I attended the deceased from 1945, to 4 - 2 that I last saw harmalive on 1945	1944;
6. (b) Name of husbander wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	Duration
7. Birth date of deceased (Month) (Day) (Year)	Immediate cause of death for the first form	4 Mg
8. AGE: Years Months Days If less than one day  hr	Due to Due to	-
10. Usual occupation	Other conditions. (Include prognancy within 3 months of death)	PHYSICIAN  Underline the cause to
(13. Birthplace (City tyru, or county)  (14. Maiden name (City tyru, or county)  (15. Birthplace (City tyru, or county)	Of autopsy	which death should be charged sta- tistically.
16. (a) Informant.  (b) Address  17. (a) (Burial, cremation, or removal) (Board (Month) (Day) (Your)	(a) Accident, suicide, or homicide (specify)	(State) public place?
(c) Place: burial or cremation  18. (a) Signature of funeral director  (b) Address  19. (a)  (Date received local registrar)  (Registrar's signe-gare)	While at work? (Specify type of place)  While at work? (e) Means of injury.  23. Signature Hullelle (M. D. or of Address Date signed)	0 other) 71, 5 ed. 4-3-41
(Licensed Embalmer's St	stement on Reverse Side)	:

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## 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 Jel Willhuss

Licensed/Embals

P. O. Address Cutton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

880

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

## THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State	File	No	$\mathcal{N}$	2	<u>d</u>	4	1.
			1	7-		d	, ,

Registration District No Primary Registration District	et No. 3023 Registrar's No. 2095
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County	(a) State
(If outside city or town limits, write "RURA" and diffice of township)  (c) Name of hospital or institution:	(c) City or town (If outside city or town limits, write "RURAL")
(If not in hospital or institution, write street number or location)	(d) Street No.
(d) Length of stay: In hospital or institution	(If rural, give location)
In this community(Specify whether	(c) Citizen of foreign country? (Yes or No)
years, months or duys)	If yes, name country.  MEDICAL CERTIFICATION
3. (a) PRINT Slong W- Jugar	10. DATE OF DEATH: Month SC 4-2-46
3. (b) If veteran, 3. (c) Social Security	vear Tour Month
name war	A. I hereby certify that I attended the greated from
5. Color or 6. (a) Single, widowed, married,	19 ;
4. Sex divorced divorced	that water saw h alive on
6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that that hoceaned on the date and hour stated above.  Duration
7. Birth date of deceased May (Day)	
(Modell)	N -
8. AGE: Years Months Day (Vess than one bay	Due to
(e) (c) (c) min.	Due to
9. Birthplace	Due to
10. Usual occupation (State or foreign Country)	Other conditions
11. Industry or busines	(Include pregnancy within 3 months of death)  PHYSICIAN
	Major findings:  Of operations
E{	Underline the cause to
(City, town, or county) (State or foreign country)	Which death Should be charged sta-
5 15. Birthplace	22. If death was due to external causes, fill in the following:
(447) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(a) Accident, suicide, or homicide (specify)
16. (a) Informant (b) Address	(b) Date of occurrence
17. (a) (b) Date thereof	(c) Where did injury occur? (City or town) (County) (State)
(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
13. (a) Signature of funeral director	While at work? (Specify type of place)  While at work? (c) Means of injury.
(b) Address	W/ III ms
19. (a) (Date received local registrar) (b) (Registrar's signature)	Address Date signed 4-24-44
(Description of the second selection of the second sel	Address Date signed 4-24-46