

S. No. 2  
M-5-43  
7-5-17-39  
P 1 X36671

**FILED** MAY 27 1946  
149

Registration District No. **149**

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:  
**3608 Locust Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)

In this community **57 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, MO**

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

(d) Street No. **3608 Locust Street,**  
(If rural, give location)

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Alfred Gregory**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Josephine K. Gregory**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **August 17 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**87 8 28** hr. min.

9. Birthplace **Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Lawyer**

11. Industry or business **Lawyer**

MOTHER FATHER { 12. Name **John M. Gregory**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Josephine Gregory**

(b) Address **3608 Locust St., Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **5-17-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Stina & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-16-46** (b) **Theraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**  
year **1946** hour **2:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 14, 1946** to **May 15, 1946**  
(that I last saw him alive on **May 14, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis (Bundle Branch Block)**

Due to **Arteriosclerosis**

Due to **Senility**

Other conditions **Prostate**  
(Include pregnancy within 3 months of death)

Major findings: **Hypertrophy**

Of operations **956**

Of autopsy **956**

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)

(c) Means of injury \_\_\_\_\_

23. Signature **Robert W. ...** M. D. or other \_\_\_\_\_  
Address **820 Professional Bldg** Date signed **5/15/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
15547

W. W. McLean  
Proff. Ready

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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 J. Clair Shppard  
Licensed Embalmer No. 4179  
P. O. Address K. C. 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.**