

No. 2  
M-5-43  
5-17-39  
I X3677

**FILED JUN 10 1946**  
Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington

(c) Name of hospital or institution: State Hospital # 32  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 hr.  
In this community 33 yr. 11 mo 14 day  
(Specify number years, months or days)

3. (a) PRINT FULL NAME WALTER GREGG

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

3. (c) Social Security ✓

4. Sex Male 5. Color or race White

6. (a) Single, married, divorced

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased 3-5-1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business ✓

MOTHER FATHER

12. Name Walter Gregg

13. Birthplace Washington (City, town, or county) (State or foreign country)

14. Maiden name Jane Gregg

15. Birthplace Washington (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp Cemetery

18. (a) Signature of funeral director Allen V. Hay

(b) Address Nevada, Mo.

19. (a) 5-27-46 (Date received local registrar) (b) Walter Gregg (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1946 hour 9 minute 25 M.

21. I hereby certify that I attended the deceased from 1-9-42 to 5-26-46 that I last saw him alive on 5-26-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Accelerated heart disease Duration Epilepsy

Due to ✓

Due to ✓

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: no

Of operations g'o

Of autopsy g'o

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? ✓

While at work? ✓ (Specify type of place) (c) Means of injury g'o

23. Signature Walter Gregg (M. D. or other) g'o  
Address Washington, Mo. Date signed 5/15/46

RECEIVED

District Health Officer No. 7,

District File Number 5-46-566

Date 6-6-46

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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 <sup>not</sup>.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Allen S. Hayes.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada 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.