S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19974

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 549

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 115 N. Main, Trotter Rest Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 months. (Specify whether
In this community 12 months. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Walnut Grove (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

3. (a) PRINT FULL NAME Minnie Belle Gregory
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearly Ward Gregory
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased April (Month) 16 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	10	hr. min.

9. Birthplace UNK. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name William Silence
13. Birthplace UNK. (City, town, or county) Nebraska (State or foreign country)
MOTHER
14. Maiden name Sarah Ann Millage
15. Birthplace UNK. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ronald Gregory
(b) Address Ash Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery Walnut Grove, Mo.
18. (a) Signature of funeral director Lee A. Brim
(b) Address Walnut Grove, Mo.
19. (a) 6-28-46 (Date received local registrar) (b) 15 W.E. Hawley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from during stay in nursing home, 19 that I last saw h about a week ago, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia — Duration
Due to Injury to spine 1 yr.
Due to fall - 1 yr. ago.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 16 N

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 Garrett Fogg (M. D. or other)
Address 1103 R O and 6 Date signed 6/27/46 Spfd., Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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 Clarence D. Noblett

Licensed Embalmer No. 4005

P. O. Address Cos. Grove 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.