

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

**STANDARD CERTIFICATE OF DEATH**

State File No. **20892**  
Registrar's No. **96**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Lawrence

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

(c) Name of hospital or institution:  
Missouri State Sanatorium **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 Days  
(Specify whether years, months or days)

In this community 48 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone **10**

(c) City or town Columbia **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. 921 West Broadway **4**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **1**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** George Joseph Gregory

3. (b) If veteran, name war no

3. (c) Social Security No. 490-07-3955

4. Sex Male **0**

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Peckham Gregory

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased February 22 1915  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>3</u>	<u>24</u>	hr. _____ min.

9. Birthplace St. Joseph Missouri **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Wholesale Institutional foods

**MOTHER, FATHER**

12. Name Joseph Czarcinski

13. Birthplace Warsaw Poland **4**  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roncka

15. Birthplace St. Joseph Missouri **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San, Mount Vernon, Mo.

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

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director H D Forest

(b) Address Mo. State San, Mount Vernon, Mo.

19. (a) 6-21-46 (b) DR Phillips  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 15 year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 29 1946 to June 15 1946 that I last saw him alive on June 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pulmonary tuberculosis: **About 5 yrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 130

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature G J Lyman (M. D. or other) **Med**

Address Mo. State San, Mount Vernon, Mo. Date signed 6-15-46

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

159

RECEIVED

District Health Officer No. 6,

District File Number 746-693

Date Filed JUL 1 - 1946

JUL 9 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.....

..... *By me* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed *May L Fossett* .....

Licensed Embalmer No. *4352* .....

P. O. Address *M. Vernon, Ill* .....

**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.