

FILED AUG 1, 2 1946

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
(a) County Washington
(b) City or town Rural Johnson twp
(If outside city or town limits, write "RURAL" and name of township)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____ years, months or days

3. (a) PRINT FULL NAME Larry Thomas Gregg
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1946 hour 3:30 P. minute _____ P. M.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced — 0

21. I hereby certify that I attended the deceased from May 1, 1946 to May 28, 1946
that I last saw him alive on May 18, 1946
and that death occurred on the date and year stated above.

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

Immediate cause of death Congenital mitral valve stenosis.
Due to _____

7. Birth date of deceased May 18, 1945
(Month) (Day) (Year)

Due to Following Bronchial Pneumonia
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
1 9 _____ hr. _____ min.

Major findings: _____
Of operations g2k
Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Raymond Gregg

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

14. Maiden name Zelma Alberta Merrill

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

16. (a) Informant John R. Gregg

(b) Address Polara R. 10 Mo.

17. (a) Burial (b) Date thereof 5/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Etho Wash. Co.

18. (a) Signature of funeral director None
(b) Address _____

19. (a) June 1, 46 (b) Mrs. C. F. Brennan
(Date received local registrar) (Registrar's signature)

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 J. F. Presswell (M. D. or other) _____
Address Polara Mo. Date signed 6/1

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 846-2484
Date Filed 8-10-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.