

FILED AUG 27 1946
Registration District No. 72

Primary Registration District No. 5289

1. PLACE OF DEATH:

(a) County Colo. Co
(b) City or town North Kansas City Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Two years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Kansas City Mo (b) County Colo
(c) City or town North Kansas City Mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bert M. Gregory

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret Gregory 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov 17 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name John P. Gregory
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Margaret Eastman
15. Birthplace Pa (City, town, or county) (State or foreign country)

16. (a) Informant Phyllis V. Gregory
(b) Address N. Kansas City, Mo

17. (a) Lawrence Kans (b) Date thereof Aug 13-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Kansas

18. (a) Signature of funeral director E. B. Ramsey

(b) Address Lawrence Kans

19. (a) Aug 13 - 1946 Beulah Kitchin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1946 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 1946 to Aug 12 1946 that I last saw him alive on Aug 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Memia - Bunch pneumonia
Due to Septic
arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 107
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 Beulah Kitchin (M.D. or other)
Address Lawrence Mo Date signed Aug 12 1946

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

4
0
25465

LEWIS
County Health Officer No. 4
District _____ number _____
Date Filed 8-24-46

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..... C. B. Ramsey.....
Licensed Embalmer No. 3978.....
P. O. Address..... Laurel Kansa.....

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.