

FILED AUG 21 1946

Registration District No. 181 Primary Registration District No. 1274-5477 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME J. Marvin Gregory

3. (b) If veteran, name and no. _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Royce M. Gregory 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased DEC-29-1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation farming

11. Industry or business _____

12. Name James M. Gregory

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

14. Maiden name Henryette Ellis

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

16. (a) Informant Royce Gregory

(b) Address Esberry Mo

17. (a) Burial (b) Date thereof Aug 7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mill Creek Cemetery

18. (a) Signature of funeral director Norman E. Gosh

(b) Address Esolia Mo

19. (a) Aug 16 46 (b) M. E. Gosh, Deputy
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 Th
year 1946 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Electrocution Duration _____

Due to Broken power line

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

193 14

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

22. If death was due to external causes, fill in the following: 51

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug. 5 1946

(c) Where did injury occur? Rural Lincoln Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work _____ (Specify type of place)
(e) Means of injury Live wire
Acting coroner
(M. D. or other)

23. Signature J. C. Chapp Address Esberry Mo. Date signed 8/5/46

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

MOTHER FATHER

7
0
0

26-33

JUL 19 1948

APR 2 1947
651 ST A/VW

~~17967~~

~~subject name~~

~~FILED~~

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 Norman E. Gosch
Licensed Embalmer No. 2342
P. O. Address Colia, 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.