No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1946

State File No. 30760

Registration District No. 157 Primary Registration District No. ~~4249~~ 5387 Registrar's No. 169

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: Preston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3-1/2 miles S.W. Jasper /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49
(c) City or town: Rural 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 3-1/2 miles S.W. Jasper 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Fred R. Gresham

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Elizabeth Gresham

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Sept. (Month) 27th. (Day) 1874 (Year)

8. AGE: Years 71 | Months 11 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Jasper (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: George Gresham
13. Birthplace: Jasper (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Elizabeth Shoemaker
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant: Elizabeth Gresham
(b) Address: Carthage, Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Paradise Cem.

18. (a) Signature of funeral director: Chas. J. Teeter
(b) Address: Jasper Mo.

19. (a) 9-3-46 (Date received local registrar) (b) L. B. Clinton MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st. year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Apr 23 46 to Sept 1 46, that I last saw him alive on Aug 26 46, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial insufficiency — Duration
Due to: Senility
Due to: ____
Other conditions (Include pregnancy within 3 months of death): Carcinoma Descending Colon
Major findings:
Of operations: ____
Of autopsy: ____

46E

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) 0
While at work? ____ (e) Means of injury ____

23. Signature: Lloyd B. Clinton (M. D. or other) MD
Address: Carthage Mo Date signed: 9/3/46

139 (Licensed Embalmer's Statement on Reverse Side)

46-8-704

AUG 22 1951

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 Phas J. Tuter

Licensed Embalmer No. 25-66

P. O. Address Kasper 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.