

S. No. 2
OM-5-43
v. 5-17-39
I X36571

FILED OCT 16 1946
Registration District No. **47**

Primary Registration District No. **3008**

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

7
1
2

31734

1. PLACE OF DEATH:

(a) County **Callaway**

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

(c) Name of hospital or institution: **State Hospital No 12**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Three Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM MARVIN GREGORY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7** year **1946** hour **3** minute **30 A** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Hattie Myrtle**

6. (c) Age of husband or wife if alive **18** years (Month) (Day) (Year)

7. Birth date of deceased **March 19 1870**

21. I hereby certify that I attended the deceased from **1946 to Oct. 7** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 76 | 5 | 18 | hr. _____ min. _____ |

Due to **removal from bladder** **1 week**

Due to **Excision of urinary fistula** **10 days**

9. Birthplace **Readsville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hospital Attendant**

Other conditions **Prostatectomy 1378** **6 mo.**
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name **Tom Gregory**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine McCall**

15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

Major findings: **Bleeding from Bladder neck**

Of operations _____

Of autopsy _____

16. (a) Informant **Mrs. Jack Curtis**

(b) Address **Fulton, Missouri**

17. (a) **Burial** (b) Date thereof **10-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel (Readsville)**

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? **0**

18. (a) Signature of funeral director **Hallace Funeral Home**

(b) Address **716 E. 2nd Fulton, Mo.**

19. (a) **10-8-1946** (b) **Joie M. Moseley**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **John J. Brown** (M. D. or other) **MD**

Address **Fulton, Mo.** Date signed **10-7-46**

Date Filed 10-14-46

District File Number

District Health Officer No. 9,

RECEIVED

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 Wenzel E. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.