

FILED NOV 14 1946

State File No. _____

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Media-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Home for aged Baptists 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 4 mos. 8 1/2 days
(Specify whether years, months or days)
In this community 1 yr. 4 mos. 2 1/2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Media-Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 miles East on Highway 70 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna Martha Gregory

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased August 25, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Lewis County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business Private Home

12. Name Levi Gregory 0

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

14. Maiden name Frances Turner

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

16. (a) Informant J. H. Burreney

(b) Address Dranton, Mo.

17. (a) Burial (b) Date thereof 11-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dranton, Mo.

18. (a) Signature of funeral director Norman White 685

(b) Address Dranton, Mo.

19. (a) 11-9-46 (b) Mrs. A. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1946 hour 4 min. 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 26th 46 to Oct. 30th 46
that I last saw her alive on Oct. 30th 46
and that death occurred on the date and hour stated above.

Immediate cause of death acute bi-lateral bronchial pneumonia Oct. 30th 46
Due to non-pharyngitis Oct. 26th 46

Due to Chronic arthritis ??

Other conditions Chronic myocarditis?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 101

Duration
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) _____
While at work? ✓ (g) Means of injury 0
23. Signature J. E. Farland M.D.
Address Dranton, Mo. Date signed 11/9/46

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
File Number 1146-2859
11-13-46

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 Oruel White
Licensed Embalmer No. 3012
P. O. Address Irwin Ave

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.