

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33552  
4255

State File No.  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3880 Summit Street Conv. Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 9-20-46  
(Specify whether years, months or days) all his life

3. (a) PRINT FULL NAME Edwin Stanton Gregg  
3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Imogene Gregg 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased March 17 unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
app. 65 8 22 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business X

MOTHER, FATHER { 12. Name Walter S. Gregg  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Imogene Gregg.  
(b) Address 4137 Holmes St., Kansas City, Mo.

17. (a) Buried (b) Date thereof 10-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-9-46 (b) Geraldine Holmes  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4137 Holmes St.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 8th  
year 1946 hour 5:45 minute A. M.  
21. I hereby certify that I attended the deceased from June 1946 to Oct 8 1946  
that I last saw him alive on Oct 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 Month  
Due to Arterio Sclerosis 3 yrs  
Due to Hypertension 3 yrs  
Other conditions (Include pregnancy within 3 months of death) no  
Major findings: Of operations no  
Of autopsy no  
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 M B Caspelt (M.D. or other) \_\_\_\_\_  
Address 4000 Baltimore Rd \_\_\_\_\_

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

Dr. Casebolt

HO of Baltimore

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 *J. Clair Sheppard*  
Licensed Embalmer No. *4179*  
P. O. Address *K. C. 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.