DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8400

Registration District No. 120 | Primary Registration District No. 5446 | Registrar's No. 22

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Ann 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 Widowed

6. (b) Name of husband or wife James Gregory

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

7. Birth date of deceased October 30 (Month) (Day) 1861 (Year)

8. AGE: Years 86 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Gentry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George Lewis
13. Birthplace Unk. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Betty Ann Hastings
15. Birthplace Unk. (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Family Records

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation Old Brick

18. (a) Signature of funeral director Clifford Burks

(b) Address Albany, Mo.

19. (a) March 20-1948 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1948 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from June 1 – 1948 to March 15, 1948 that I last saw her alive on March 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of left foot	1 wk.
Due to Nephritis of Kidneys	
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

While at work? (e) Means of injury

23. Signature Charles N Williamson (M. D. or other) DO

Address Gentry Mo Date signed 3-18-48

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DISTRICT HEALTH OFFICE
Gallatin, Mo.

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 me ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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, above space should be left blank.