

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **22831**FILED AUG 9 1948
Registration District No. **28**Primary Registration District No. **2000**Registrar's No. **645**

1. PLACE OF DEATH:

(a) County **Greene**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Springfield City Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **1 Day** (Specify whether
 In this community **— 2 1/2 yrs.**
 years, months or days)

3. (a) PRINT FULL NAME **John R. Gregory**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **?**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Alice** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **December 26 1879**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 5 hr. min.

9. Birthplace **Keokuk Iowa**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Western Union Lineman**
Retired Lineman

11. Industry or business
 12. Name **Joseph Gregory**
 13. Birthplace **? Indiana**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Martha Harvey**
 15. Birthplace **? Indiana**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H.E. Smith**
 (b) Address **827 E. Madison**
 17. (a) **Burial** (b) Date thereof **8-3-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **GREENLAWN**

18. (a) Signature of funeral director **J.W. Klingner & Co.**
 (b) Address **Springfield, Missouri**
 19. (a) **8-2-48** (b) **W.E. Havelly, MD**
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
 (If outside city or town limits, write "RURAL.")
 (d) Street No. **Monday Hotel E. Commercial, St**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1**
 year **1948** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 3, 1948**,
 to **August 1, 1948**,
 that I last saw him alive on **July 31, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis, Far Advanced**

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**
 Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
 (b) Date of occurrence **None**
 (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? (Specify means of injury) **None**

23. Signature **William D. [Signature]** (M. D. or other) **M. D.**
 Address **Springfield, Missouri** Date signed **8/2/48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

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.....

Ogle Slow Jr.

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.