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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25830

Registration District No. 86 — Primary Registration District No. 5322 — Registrar's No. 28-1948

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Leasburg, Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mile West of Leasburg At Home
(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 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Crawford
(c) City or town: Leasburg, Mo. Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME: George Lafayette Gregory
3. (b) If veteran, name war: None
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: Val
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Dec (Month) 21 (Day) 1865 (Year)
8. AGE: Years 82 Months 8 Days 6 If less than one day ___ hr. ___ min.
9. Birthplace: Lick Creek (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
MOTHER, FATHER
12. Name: John Gregory
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Elizabeth Baucom
15. Birthplace: Lick Creek (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Ruby Flachmeier
(b) Address: Leasburg, Mo. Rural
17. (a) Burial, cremation, or removal: Burial (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Leasburg Cem.
18. (a) Signature of funeral director: Shannon Funeral Home
(b) Address: Leasburg, Mo.
19. (a) 8-30-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 272

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1948 hour 8:10 minute P. M.
21. I hereby certify that I attended the deceased from Aug 5, 1948, to Aug 26, 1948, that I last saw him alive on Aug 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration
Due to
Due to
Other conditions (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury

23. Signature: N. F. Irwin (M. D. or other)
Address: Leasburg Date signed 8-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-2-48
District Health Officer No. 5,
District File Number 949543
Date Filed 9-2-48

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 Lee A. Franklin Cecil O. Craig, Registered Apprentice No. ~~9994189~~ working under my personal supervision.

Signed Lee A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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

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