

No. 300  
-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26330

State File No. ....

FILED SEP 4 1948

Registrar's No. 3517

Registration District No. 149

Primary Registration District No. 1002

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

**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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos., 13 days  
(Specify whether years, months or days)

In this community 24 years

**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. 3226 Michigan  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** BÉRwyl Gregory

3. (b) If veteran, name war None

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 17 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>2</u>	<u>8</u>	hr. min.

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

10. Usual occupation Railroad Construction

11. Industry or business R.R.

12. Name James Gregory

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah S. Keller  
(City, town, or county) (State or foreign country)

15. Birthplace Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Pack

(b) Address 3115 Grand Ave.

17. (a) Burial (b) Date thereof 8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918-20 Brooklyn, K. C. Mo.

19. (a) 8-28-48 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 25  
year 1948 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 12, 1948, to Aug. 25, 1948.  
that I last saw h. im alive on Aug. 25, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma  
Pulmonary emphysema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 112  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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 \_\_\_\_\_

Signature W. J. Hart (M. D. or other) Med  
Address Med. Dir. Gen'l Hosp. 8-26-48  
Date signed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Handwritten signature*

---

---

**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 Joe B. Yoder

Licensed Embalmer No. 4173

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.**