FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1949

Registration District No. 254

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13276

Primary Registration District No. 4386

Registrar's No. 75

1. PLACE OF DEATH:

(a) County: Oregon

(b) City or town: Thayer
(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: 3 months, 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Oregon 75

(c) City or town: Koshkonong 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Mary Melissa Trego

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Jess Jackson Sanders

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

7. Birth date of deceased: September (Month) ..... (Day) 1876 (Year)

8. AGE: Years 76 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: ..... (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business: .....

MOTHER FATHER

12. Name: Hiram Jackson Gregory

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

14. Maiden name: Jettie Ann Elizabeth Sampson

15. Birthplace: ..... (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant: Elgin Sanders

(b) Address: Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 10, 1949 (Month) (Day) (Year)

(c) Place: burial or cremation: New Salem Cemetery

18. (a) Signature of funeral director: .....

(b) Address: Thayer, Mo. 416

19. (a) 4-19-49 (Date received local registrar) (b) Ella Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1949 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-1-49, 19..., to 2-8, 1949, that I last saw her alive on 2-8, 1949, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis	6 mo.
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? ..... (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: John R Ellison (M. D. or other) MD

Address: Thayer Mo. Date signed: 2/8/49

(Licensed Embalmer's Statement on Reverse Side) Ellison

RECEIVED
District Health Officer No. 5,
District File Number 549334
Date Filed 5-6-49

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 Leland Curtis

Licensed Embalmer No. 4516

P. O. Address Thayer Mo.

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.