

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20162**  
**2709**

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2709</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>1705 Michigan Avenue 3258</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>							
3. NAME OF DECEASED a. (First) <b>LEON</b> (Type or Print)			b. (Middle) _____			c. (Last) <b>GREGG</b>	
4. DATE OF DEATH <b>JUNE 23 1951</b> (Month) (Day) (Year)		5. SEX <b>MALE 2</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	
8. DATE OF BIRTH <b>DECEMBER 28 1893</b>		9. AGE (In years last birthday) <b>57</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>ELGIN, TEXAS 1</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
13a. FATHER'S NAME <b>ALLAN GREGG</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA JONES</b>		14. NAME OF HUSBAND OR WIFE <b>SUSIE GREGG</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>499-074-053</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SUSIE GREGG 1705 Michigan</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMIPLEGIC RESPIRATORY FAILURE</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>CARCINOMA OF LUNG (n.o.s.)</b>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <b>16 1/2</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>HOMICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 55 54 11-11-51</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6-13</b> , 19 <b>51</b> , to <b>6-23</b> , 19 <b>51</b> that I last saw the deceased alive on <b>6-23</b> , 19 <b>51</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE OF INFORMANT <b>E. Frank [Signature] MD</b>				23b. ADDRESS <b>600 East 22nd - Street</b>		23c. DATE SIGNED <b>6-25-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-27-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-26-51</b>		REGISTRAR'S SIGNATURE <b>Jeraldine Holmead</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H B Moore 1820 E 18th</b>			

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Lawrence A. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *40429*

P. O. Address *1820 East 18th Ave*

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.

*RECORDED*