

FILED JAN 20 1942  
347

Registration District No. ....

Primary Registration District No. 4205

Registrar's No. 13

1. PLACE OF DEATH:

(a) County... Henry  
(b) City or town... Blairstown Mo  
(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 .....  
In this community... 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Henry 42  
(c) City or town... Blairstown, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 12 day... 11  
year... 1941 hour... 8:15AM minute... M.  
21. I hereby certify that I attended the deceased from... April 5  
1941, to... Nov. 29 1941.  
that I last saw him alive on... Nov. 29 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death... Senility, with senile dementia.

Duration

Due to .....  
Due to .....

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

Major findings:

Of operations... 162 lb  
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?  
While at work? ..... (Specify type of place)  
(e) Means of injury.....

23. Signature... P. J. Powell (M.D.)  
Address... Blairstown Mo Date signed 12/15/41

3. (a) PRINT FULL NAME... John Lewis Gregory

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

4. Sex... male 5. Color or race... white 6. (a) Single, widowed, married, divorced... 9

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

7. Birth date of deceased... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 1 27 hr. min.

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

10. Usual occupation... Railroader

11. Industry or business.....

MOTHER FATHER

12. Name... Unknown

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

14. Maiden name... Unknown

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

16. (a) Informant... Mrs. Bert Gaultier  
(b) Address... Shillhouse, Mo.

17. (a) Burial (b) Date thereof... 12-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Page Cemetery

18. (a) Signature of funeral director... Fred Wilkinson  
(b) Address... Blinton, Mo.

19. (a) Dec. 12 1941 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

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

L2  
D  
D

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2179

Date Filed 1-13-42

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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.....

Licensed Embalmer No. 2478

P. O. Address Clinton, Ma

**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.**