

State File No.

Registrar's No. 108

Primary Registration District No. 3023

FILED JUL 9 1943
Registration District No. 137

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Biggs Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY

(c) City or town CLINTON
(If outside city or town limits, write "RURAL")

(d) Street No. Rogers ave
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME MINNIE GRESHAM

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31st
year 1943 hour 6:00 minute AM

21. I hereby certify that I attended the deceased from 2-28 1943 to 5-31 1943
that I last saw alive on 5-27 1943
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased. 1 30 - 68
(Month) (Day) (Year)

Immediate cause of death Myocardial
Cardio-vascular-Renal Disease

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations.....

Of autopsy None

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

8. AGE: Years 75 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business George Hardy Gresham

12. Name George Hardy Gresham

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

14. Maiden name Julia Ann Boydston

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

16. (a) Informant W. H. Davis

(b) Address Mindeor, Mo

17. (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lurel oak Cem

18. (a) Signature of funeral director Fred Wetmore

(b) Address Clinton Mo

19. (a) June 1, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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)

23. Signature W. E. Peeler (M. D. or other)

Address Clinton Mo Date signed 6/1/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number

6-43-625

Date Filed

7-8-43

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.

Registered Apprentice No.

Signed

Fred W. Kenison

Licensed Embalmer No.

2478

P. O. Address

Clinton 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.