

FILED APR 10 1946

Registration District No. 137

Primary Registration District No. 2093

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo (Specify whether
In this community 4 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME George W Gregory

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband's~~ wife Nancy Gregory
6. (c) Age of ~~husband's~~ wife if alive 64 years
7. Birth date of deceased 3 21 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name Benjamin F Gregory
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Cabart
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Gregory
(b) Address Urich Mo

17. (a) Burial (b) Date thereof 4 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullens Cem

18. (a) Signature of funeral director Frank Williams
(b) Address Clinton Mo

19. (a) 4-3-44 (b) R. R. Kenney
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1946 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 1
1945, to 4-2 1946;
that I last saw him alive on April 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer liver Duration 6 Mo

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy 468

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 0

23. Signature H. Schulker (M. D. or other) M.D
Address Clinton Mo Date signed 4-3-46

OCT 3

1949

OCT 5 1949

RECEIVED

District Health Officer No. 7,

District File

3-46-342

Date Filed

4-9-46

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 Frederick Wilkerson
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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 698

Registration District No. 127 Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henny Clinton
(b) City or town _____
(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 _____)

In this community _____ years, months or days)
3. (a) PRINT FULL NAME George W - Gregory
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased mar 2 1946
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ (Less than one day) _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 4-4-46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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
10. DATE OF DEATH: Month _____ year _____ hour _____ minute 2 P. M.
11. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. Walker (M. D. or other) M.D.
Address Clinton mo Date signed 4-20-46

SUPPLEMENTARY

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

MOTHER FATHER

12937