

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20063

FILED JUL 8 1946

Primary Registration District No. 4218

Registrar's No. 128

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
706 West Florence St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 16 years years, months or days)

3. (a) PRINT FULL NAME Frances Gregory

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

4. Sex Fe / 5. Color or race White

6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased June 23 1929
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>11</u>	<u>14</u>	hr. min.

9. Birthplace Henry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name James Gregory

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

14. Maiden name Grace Land

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

16. (a) Informant James Gregory

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Euseb Turner

(b) Address Windsor, Mo

19. (a) 6-27-46 (b) R. R. Hersey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Windsor 2
(If outside city or town limits, write "RURAL")

(d) Street No. 706 W. Florence 0
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1946 hour 11:00 P. M. 46

21. I hereby certify that I attended the deceased from June 4-6
1946 to June 6 1946
that I last saw him alive on June 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction 46
Duration years

Due to _____

Due to _____

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

Major findings:
Of operations AK

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 J. J. Jennings (M. D. or other)
Address Windsor Date signed 6-15-46

120

RECEIVED

District Health Officer No. 7,

District No. Memor. 6-46-653

Date Filed 7-3-46

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 *E. D. H. H. H. H. H.*
.....
Licensed Embalmer No. *3391*
P. O. Address *Windsor, 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.