

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 187

Registration District No. 137 Primary Registration District No. 5004

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clinton - R.F.D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clinton Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aaron Avelo Gregory
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 1
year 1946 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 17
1936 to Oct 1 1946
that I last saw him alive on Oct 1 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha A. Gregory 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept. 27 1871
(Month) (Day) (Year)

Immediate cause of death Chronic Occlusion
Due to _____
Due to _____
Other conditions Angina Pectoris
(Include pregnancy within 3 months of death) 10 years
Major findings: Of operations 94 A
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 75 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Mt. Airy, Rungall Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas M. Gregory

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

14. Maiden name Margaret Ann Ruby

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

16. (a) Informant Edwin Hickman

(b) Address Clinton Mo

17. (a) Buried (b) Date thereof 10 3 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood - Clinton Mo

18. (a) Signature of funeral director Spore & Son

(b) Address Clinton Mo

19. (a) 10-3-46 (b) R. R. Kenney
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature of physician R. P. Hallingworth (M.D. or D.O.)
Address Clinton Mo Date signed 10/1/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
32181

RECEIVED
D. ... Office No. 7,
... 9-46-1018
Date filed 10-9-46

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 J. H. Vassant
Licensed Embalmer No. 3779
P. O. Address Clinton

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.