

Registration District No. \_\_\_\_\_

Primary Registration District No. **3707**

**1. PLACE OF DEATH:**  
 (a) County **Benton**  
 (b) City or town **Ionia**  
(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 **22 years**  
years, months or days)

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

**3. (a) PRINT FULL NAME** **Thomas Levi Gregory**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Katheryn Gregory**  
 6. (c) Age of husband or wife if alive **73** years  
 7. Birth date of deceased **August 15 1864**  
(Month) (Day) (Year)

**8. AGE:** Years **82** Months **9** Days **11**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Franklin Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

**11. Industry or business**

**MOTHER FATHER**  
 12. Name **Alexander Gregory**  
 13. Birthplace **Louisville Ky**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Jane McAllister**  
 15. Birthplace **Franklin Mo**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. G. H. Maxwell (sister)**  
 (b) Address **1426 S. Grand Sedalia, Mo.**

**17. (a) Burial** (b) Date thereof **5-28-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

**18. (a) Signature of funeral director** **Huston - Turley**  
 (b) Address **Windsor Mo.**

**19. (a) 5-30-47** (b) **E. E. Eubank**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **26**  
 year **1947** hour **7** minute **a.** M.  
**21. I hereby certify that I attended the deceased from**  
**April 10, 1947 to May 26, 1947**  
 that I last saw him alive on **May 26, 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
**Hemiplegia left side**  
 Due to **Sclerotic arteries**

Other conditions **Jacksonian Epilepsy**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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** **Edwin Stolbert**  
 Address **Sedalia, Mo.** Date signed **5/26/47**

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

JUN 18 1947

RECEIVED  
District Health Officer No. 7,  
5-47-699  
District File Number 6-9-42  
Date Filed

MAY 19 1947

MAY 22 1947

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.....

*William M. Turner*..... Registered Apprentice No. *470*  
working under my personal supervision.

Signed *Edwin Newton*.....

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.