

300  
0-47  
7-39  
3906

FILED JUN 21 1948  
Registration District No. 737

Primary Registration District No. 3023

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

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:  
Clinton Gen. Hosp. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wk. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton 42  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANCY OLIVE GREGORY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-12  
1948, to 6-5 1948

that I last saw her alive on 6-5 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased 1-24-1882  
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration 2 hr

Due to hypertension 2 yr

Due to \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lewis O'Leary

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

14. Maiden name Katie Mullens

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

16. (a) Informant Oliver Gregory

(b) Address Irish Mo.

17. (a) burial (b) Date thereof 6-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullens Cem.

18. (a) Signature of funeral director Clifton M. Walker

(b) Address Clinton Mo.

19. (a) 6-7-48 (b) R.R. Kennefic  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: apoplexy

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 0

23. Signature Clifton M. Walker (M. D. or other) M.D.  
Address Clinton Date signed 6-6-48

5722 2-17-48

RECEIVED

District Health Officer No. 7,

District File Number 5-48-639

Date Filed 6-16-48

OCT 3 1949

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 *Fred E. Williams Jr.*

Licensed Embalmer No. 4510

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.