

No. 2  
1-10-39  
17-397  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42161

State File No.

25 1941

Registration District No. 190

Primary Registration District No. 5269

Registrar's No. 42

3

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

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Rural, Madison Twp.  
(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 2

3. (a) PRINT FULL NAME Alise D. Gregory

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

4. Sex F. M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. A. Gregory 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased September 20 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Rufus Daggs

18. Birthplace Pennsylvania  
(City, town or county) (State or foreign country)

14. Maiden name Rachel Dunn

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

16. (a) Informant J. A. Gregory  
(b) Address Kahoka Mo.

17. (a) Rural (b) Date thereof Dec 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred J. Karst  
(b) Address Kahoka Mo.  
19. (a) 12-24-40 (b) J. R. Dineen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 nd.  
year 1940 hour 4 minute PM M.

21. I hereby certify that I attended the deceased from Dec 21, 1940, to Dec 22, 1940, that I last saw him \_\_\_\_\_ alive on Dec 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra Pictoria

Due to Arterio Vasculor degeneration  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Duration  
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? \_\_\_\_\_

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While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. R. Dineen (M. D. or other) \_\_\_\_\_  
Address Kahoka Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 1-41-77

Date Filed JAN 13 1941

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 J. Karli*

Licensed Embalmer No. 1023

P. O. Address Kahoka 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, above space should be left blank.