

No. 2
13-40
17-39
X23159

Registration District No. 605

Primary Registration District No. 4357

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid Co. Mo.

(b) City or town Parma Rural Pt No 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 1 month 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma Rural Pt. No. 20
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - 6 mi. S. W. Parma Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A. Born in Wis. years.

3. (a) PRINT FULL NAME LARRY HOWARD GREGORY

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 18 year 41 hour 9 minute 30 P.M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from June 15, 1941, to June 18, 1941;

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

that I last saw him alive on June 15, 1941, and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 7 1941
(Month) (Day) (Year)

Immediate cause of death Whooping cough reduced resistance

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>11</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Parma Mo. Pt 20 State
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business None

Major findings: Of operations _____

12. Name Howard Gregory

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Venita Tucker

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

16. (a) Informant Howard Gregory

(b) Address Parma MO RT 2

17. (a) Burial (b) Date thereof June 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burnie Mo

18. (a) Signature of funeral director Walter

(b) Address Parma Mo 534

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 _____

19. (a) 6-19-41 (b) Dr. Scott Whited
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Scott Whited (M. D. or other) _____
Address Parma Mo Date signed 6/19/41

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

RECEIVED
District Health Officer No. 2,
District File Number 741-889
Date Filed 7/13/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.