DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24634

FILED AUG 12 1941

District No. 89

Primary Registration District No. 3007

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 3 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 912

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff, 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Luther Gregory

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Pearl Gregory

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 18, 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	5	~~10~~ 11	hr. min.

9. Birthplace Washington, Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business self

FATHER
12. Name Bennett Gregory
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Gregory
(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn cemetery

18. (a) Signature of funeral director Greer-Croy Funeral Service
(b) Address Poplar Bluff, Missouri

19. (a) 8/2/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 7:00 minute P.M.

21. I hereby certify that I attended the deceased from July 27, 1941, to July 29, 1941;
that I last saw him alive on July 29, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Gastro enteritis with dysentery and	
Due to Hemorrhage —	10 days
willal only faintly positive.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A F Brockman (M. D. or other) M.D.
Address Poplar Bluff — Date signed 8-2-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Office No. 2,
District File Number 841-1042
Date Filed 8-11-41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 24634

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 302

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff ?
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da (Specify whether years, months or days)

In this community ~~3 yrs~~ ? 1 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Poplar Bluff (3 yrs)
(If outside city or town limits, write "RURAL")

(d) Street No. Rural ?
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Luther Gregory

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

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

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) 1-20-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY