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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31449

Registration District No. 997

Primary Registration District No. 4238

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Gladden typ
(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 53
(c) City or town Gladden typ 2
(If outside city or town limits, write "RURAL")
(d) Street No. X 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME

Nicy Elizabeth Gregory

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

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

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

7. Birth date of deceased Nov 22 1865
(Month) (Day) (Year)

8. AGE: 75

Years

Months 7

Days 22

If less than one day hr. min.

9. Birthplace ---
(City, town, or county)

Ill (State or foreign country)

10. Usual occupation housewife

11. Industry or business X

12. Name Mathew Ralston

13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Elander Headrick

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

16. (a) Informant Archie Edwards
(b) Address Salem Mo

17. (a) Burial (b) Date thereof 9/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director Carl K. Greene
(b) Address Salem Mo

19. (a) Sept. 17, 1946 (b) Mrs. Etta Mays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sept day 14
year 1941 hour 7 minute 50 P M.

21. I hereby certify that I attended the deceased from 7-15, 1941 to 9-14-41, 1941; that I last saw him alive on 8-7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death hepatic carcinoma
Due to carcinoma stomach
Duration 7
Sygs?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 P
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Jas. Phinick (M. D. or other) DO
Address Salem, Mo. Date signed 9-16-41
While at work? (Specify type of place) (c) Means of injury 2

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 10411989

Date Filed _____

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. 3806

P. O. Address Salem, 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.