

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32092

State File No. _____

REGISTERED OCT 21 1941
District No. 53

Primary Registration District No. 6262

Registrar's No. 97

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Clackson Michi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1941 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1 1941, to Oct 1 1941
that I last saw him alive on Oct 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death illie Colitis Duration 2 mths

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 119a

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 _____

23. Signature Graydon Carlton M. D. or other _____
Address Mallin Date signed Oct 1/41

3. (a) PRINT FULL NAME Chester R. Gregory

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

4. Sex M Color of race W
5. Color of race _____
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 26 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 10 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name M. B. Gregory

13. Birthplace Duncan Okla
(City, town, or county) (State or foreign country)

14. Maiden name Ann Kelly

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

16. (a) Informant M. B. Gregory

(b) Address Fallapood Mo.

17. (a) Burial (b) Date thereof 10-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo.

18. (a) Signature of funeral director none

(b) Address _____

19. (a) October 16 1941 (b) Graydon Carlton
(Date received local registrar) (Registrar's signature)

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

OCT 20 1944

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.