V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29404

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19, 1942

Registration District No. 117

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5173.

State File No. 13893

Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County CAMDEN
(b) City or town RURAL WARREN TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DECAUTERVILLE MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution NEITHER (Specify whether years, months or days)
In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CAMDEN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. DECAUTERVILLE MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OPAL JANE GREGORY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAS. C. GREGORY
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased DEC (Month) 19 (Day) 1900 (Year)

8. AGE: Years 41 Months 4 Days 22 If less than one day hr. min.

9. Birthplace CAMDEN CO (City, town, or county) OMO (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
12. FATHER Name HARRY MORGAN
13. FATHER Birthplace CAMDEN CO (City, town, or county) OMO (State or foreign country)
14. MOTHER Maiden name MAY FERRU
15. MOTHER Birthplace CAMDEN CO (City, town, or county) OMO (State or foreign country)
16. (a) Informant J. C. Gregory
(b) Address Decauterville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Decauterville Mo
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) May 13-42 (Date received local registrar) (b) Lulenia Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11 year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 12, 1942 that I last saw her alive on May 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1940 (Duration)

Due to

Due to

Other conditions none
(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 E. E. Chubbs M.D. (Dr. or other)
Address Camdenton, Mo. Date signed 5-12-42

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 7 1942

RECEIVED
District Health Officer No. 7
District File Number 5-42-541
Date Filed 5-18-42

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~~ Allyn DeBerge, Registered Apprentice No. 294, working under my personal supervision.

Signed D. A. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.