

Registration District No. 725

Primary Registration District No. 4433

Registrar's No.

87  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Ralls,  
(b) City or town Perry, Missouri.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 75 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ralls  
(c) City or town Perry, Missouri.  
(d) Street No. Perry, Missouri.  
(e) Citizen of foreign country? No.  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Elizabeth Gregory.  
(b) If veteran, name war.....  
(c) Social Security No. None.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9th, day July,  
year 1942 hour 10:00 minute A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married.  
(b) Name of husband or wife J.C. Gregory.  
(c) Age of husband or wife if alive 77 years  
7. Birth date of deceased June, 7, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-9- 1942 to 6-29- 1942  
that I last saw her alive on June 29- 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death chronic parenchymatous nephritis.  
Due to.....  
Due to.....  
Other conditions Diabetic Mell.  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>2</u>	..... hr. min.

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.  
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9. Birthplace Ralls County, Missouri.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife.

11. Industry or business Home.  
12. Name J.W. Gregg.  
13. Birthplace Unknown, Kentucky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Butler.  
15. Birthplace Ralls, Co. Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant J.C. Gregory.  
(b) Address Perry, Missouri.  
17. (a) Burial (b) Date thereof July, 11, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fern Chapel.  
18. (a) Signature of funeral director Clyde C. Wiley  
(b) Address Perry, Missouri.  
19. (a) July, 10, 1942 (b) Mrs. Carl Perkins  
(Date received local registrar) (Registrar's signature)

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?  
While at work?..... (Specify type of place)  
Means of injury.....  
23. Signature R.C. Sinter (M. D. or other)  
Address Perry, Missouri Date signed 7/10/42

RECEIVED

District Health Officer No. 10

District File Number 8-42-1546

Date Filed AUG 11 1942

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

Clyde W. Wilkey

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Clyde W. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.