

S. No. 2
OM-8-43
v. 5-17-39
I X37823

26834

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 7 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3461

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution Research Hosp. 0
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 wks.
(Specify whether In this community years, months or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3005 Wabash
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GREGATH, PAULINE Reed

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Eric A. Gregath

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

7. Birth date of deceased July 27, 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 25
If less than one day hr. min.

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John William Reed

13. Birthplace Milan Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Minnie B. Finney

15. Birthplace Milan Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Eric A. Gregath

(b) Address 3005 Wabash

17. (a) burial (b) Date thereof 8-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (c) Signature of funeral director H. W. Newcomer's Sons
T401 Brush Creek Blvd.

(b) Address _____

19. (a) 8-23-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 21 year 1944 hour _____ minute 35 P.

21. I hereby certify that I attended the deceased from July 28 1944 to Aug. 21 1944
er _____

that I last saw h er alive on July 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to Myocardial infarction & acute aortic fibrillation

Due to Pneumonic heart disease 2 yrs.

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature John A. [Signature] (M. D. or other) [Signature]

Address 3005 Wabash Blvd. Date signed Aug 21, 1944

(Licensed Embalmer's Statement on Reverse)

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

48
3
8

RECEIVED

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 *E Oscar Mouty*
Licensed Embalmer No. *1767*
P. O. Address *30 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.