

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 4796

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2001 E 48th St terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2001 E 48th street terrace  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country fi

3. (a) PRINT FULL NAME Mrs Anna Gregg

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 7<sup>th</sup> 1944 to Nov 28 1944  
that I last saw h. alive on Nov 27 1944  
and that death occurred on the date and hour stated above.

4. Sex Fe 1

5. Color or race W

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

6. (b) Name of husband or wife John H Gregg

6. (c) Age of husband or wife if alive 24 years (Year) 1856

7. Birth date of deceased April 24 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration ?

Due to Arteriosclerosis ?

Due to asthma ?

Other conditions 93

(Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 7 Days 4 If less than one day hr. min.

9. Birthplace unknown Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Lungs Congested from asthma

Of operations asthma

Of autopsy no

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business at Home

12. Name Simon Schrock

13. Birthplace unknown Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs E H Washburn

(b) Address 2001 E 48th St terrace

17. (a) Removal (b) Date thereof 11-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Ellen Wood, Kansas

18. (a) Signature of funeral director Melody-Melillo

(b) Address P.O. 270

19. (a) 11-28-44 (Date received local registrar)

(b) M.E. Brown (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? \_\_\_\_\_ (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 H.H. Land M.D. (M. D. or other)

Address 906 Grand ave Date signed 11/28/44

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

MOTHER FATHER

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**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 Russell M. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.**