

S. No. 2
M-2-43
7-5-17-39
X35897

37441

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1944

Registration District No. 57

Primary Registration District No. 4102

Registrar's No. 178

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Creighton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Creighton
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME David Gregg
3. (b) If veteran, name war 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov day 13 year 1944 hour _____ minute _____ M. _____

MEDICAL CERTIFICATION

4. Sex M 5. Color or race white 5. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on Nov. 7/44 and that death occurred on the date and hour stated above.

7. Birth date of deceased: 9-15-1899
(Month) (Day) (Year)

Immediate cause of death Killed self with 12 gauge shot gauge blue top of Red off
Due to _____

8. AGE: Years 54 Months 2 Days 0 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 16H

9. Birthplace Creighton Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business _____

Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Jessiel Gregg
13. Birthplace Mo
14. Maiden name Nancy Ann Page
15. Birthplace Mo
16. (a) Informant Leo Gregg
(b) Address Creighton Mo
17. (a) Burial (b) Date thereof 11-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parker Cemetery
18. (a) Signature of funeral director Fred Wellman
(b) Address Creighton Mo
19. (a) Nov. 27, 1944 (b) Margaret Wells
(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) suicide
(b) Date of occurrence Nov. 13/44
(c) Where did injury occur? Creighton Cass Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Killed self in house
(Specify type of place) (e) Means of injury _____
While at work? (Specify type of place) _____
23. Signature E.M. Griffin (M. D. or _____)
Address Durbinville Date signed Nov 13/44

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

900

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

Jack Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton, 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.