

FILED JUL 23 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2944

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: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether _____)
 In this community 41 years
 (years, months or days)

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. 1312 Troost
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Gregory
 3. (b) If veteran, name war None
 3. (c) Social Security No. 500-03-2384

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1945 hour 12 minute 30 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nancy Cameron Gregory
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased June 29 1882
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 26 1945 to July 13 1945:
 that I last saw him alive on July 13 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death tuberculous meningitis
 Duration _____
 Due to miliary tuberculosis Chronic

8. AGE: Years Months Days If less than one day
63 0 14 hr. _____ min. _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 14
 Major findings: _____
 Of operations _____

9. Birthplace Dexter Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter
 11. Industry or business _____

Physician _____
 Underline the cause to which death should be charged statistically.
 Of autopsy see above

MOTHER FATHER { 12. Name (First Name unknown) Gregory
 { 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Phoeba Denton
 { 15. Birthplace Missouri 0
 (City, town, or county) (State or foreign country)
 16. (a) Informant Nancy E. Gregory
 (b) Address 1312 Troost Ave., K.C. Mo.
 17. (a) Removal (b) Date thereof July 15, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place of burial or cremation Baxter Springs, Kansas
 18. (b) Signature of funeral director Rugent Funeral Home, by R. G. Rugent
 (b) Address 919 State Ave., Kansas City, Kansas
 19. (a) 7-14-45 (b) Sheldine Holmes
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Clark C. Seely (M. D. or other)
 Address Med. Dir. K.C. General Hospital Date signed _____

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

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3
8

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

Robert Emmet August

Licensed Embalmer No.

3491

P. O. Address

919 State Ave, F.C. Tex

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.