

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

19170

State File No.

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 39 yrs. (Specify whether
In this community 39 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No - (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary Elizabeth Gregory
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Wilson Gregory
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 22 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 9 hr. min.

9. Birthplace Macon Co Mo 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name James Lamb
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Lourilda Kirkpatrick
15. Birthplace Randolph Co Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Howard W. Gregory
(b) Address Shelbina, Mo
17. (a) burial (b) Date thereof 6-2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill cem

18. (a) Signature of funeral director Hayes
(b) Address Shelbina Mo
19. (a) June 3-4 6 (b) Arthur J. Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from Apr. 15 1946 to May 31 1946
that I last saw her alive on May 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris / no
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ATK
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature R. K. Caldwell (M. D. or other) 200
Address Shelbina, Mo Date signed June 3/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18047

Division of Health Officer No. 10
District File No. 6-46-11124
Date Filed JUN 6 1946

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..... *Hayes*

Licensed Embalmer No. 1437

P. O. Address..... *Shelburne, Me.*

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.