

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947
42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16628
Registrar's No. 733

Registration District No. _____ Primary Registration District No. 5134

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Train 2 mile east of St. Joseph, Mo.
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community In transit
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri; (b) County Grundy 40
(c) City or town Trenton
(If outside city or town limits, write "RURAL") 2
(d) Street No. 320 East 17th
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence N. Gregory
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
year 1947 hour 12 minute 45 P.M.
21. I hereby certify that I viewed the deceased from June 5, 1947
_____ 19_____, to _____ 19_____;
that I last saw him _____ alive on _____ 19_____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Martha Fern Gregory
(c) Age of husband or wife if alive 39 years
7. Birth date of deceased: October 23 1904
(Month) (Day) (Year)

Immediate cause of death: Gun Shot Wound in head not suicide
determined whether accidental or intentional by someone
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
✓	42	7	12	hr. min.

9. Birthplace: Altamont Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Fireman BRAKEMAN
Rock Island Railroad

11. Industry or business: _____

12. Name: Nelson Gregory
13. Birthplace: Illinois
(City, town, or county) (State or foreign country)

Maiden name: Laura Smith
14. Birthplace: Unknown Missouri
(City, town, or county) (State or foreign country)

15. Spouse: Mrs. Martha F. Gregory
16. Address: Trenton, Missouri

17. Removal: _____ (b) Date thereof: 6/5/47
(Month) (Day) (Year)
Trenton, Mo.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: Heaton Bowman
(b) Address: St. Joseph, Mo.

19. (a) 6-11-47 (b) L. L. Jenkins
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy: Yes
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) Undetermined
(b) Date of occurrence: June 5, 1947
(c) Where did injury occur? Rural, Buchanan County, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On train
While at work? Yes (Specify type of place) Gun
(e) Means of injury: Coronor 3
23. Signature: B. W. Tadlock (M. D. or other)
Address: Kind Hill Bldg. Date signed: 6/5/47

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

Copied by _____
7-1-50
L. L. Jenkins

JUL 1 1947

APR 5 1957

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

Eugene Wood

Licensed Embalmer No.

3804

P. O. Address

379 So 10th St Joseph, 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.

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