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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24691**

FILED JUL 23 1947

Registration District No. **175**

Primary Registration District No. **3036**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **Lawrence**

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

(c) Name of hospital or institution: **/**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Jeptha A. Gregory**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **wh**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Laura Gregory**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 26 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79	6	27	hr. min.
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9. Birthplace **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business _____

MOTHER FATHER { 12. Name **Josia Gregory** 9

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Johnson** 9

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

16. (a) Informant **Mrs. Laura Gregory**

(b) Address **Aurora, Mo.**

17. (a) **burial** (b) Date thereof **6-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cem.**

18. (c) Signature of funeral director **J. H. [Signature]**
Aurora, Mo.

(b) Address _____

19. (a) **July 9-47** (b) **Orville Math**
(Date received local registrar) (Registrar's signature) 157

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence** 55

(c) City or town **Aurora**
(If outside city or town limits, write "RURAL")

(d) Street No. **627 Madison**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **22** day **June**
year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **June 3**
19**47**, to **June 22, 1947**

that I last saw him alive on **June 21**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **83A**

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)

(c) Means of injury **0**

23. Signature **W. B. Hovnan** (M. D. or other) _____

Address **Aurora, Mo** Date signed **June 23 1947**

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

RECEIVED
District Health Officer No. 8
District File Number 747-712
Date Filed JUN 24 1947

OCT 15 1951

STATEMENT BY LICENSED EMBALMER

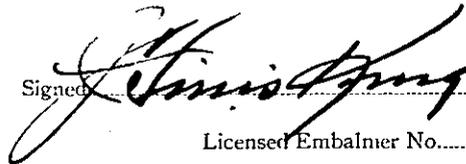
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Joe H. King

Registered Apprentice No. 509

working under my personal supervision.

Signed



Licensed Embalmer No. 3529

P. O. Address Aurora, 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.