S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16341

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2169

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

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: 6940 EDGEVALE RD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - - (Specify whether years, months or days)
In this community: 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 6940 EDGEVALE ROAD 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: MR CHARLES HENRY GREGORY
3. (b) If veteran, name war: NO
3. (c) Social Security No.: None
4. Sex: MALE 0
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. GRACE B. GREGORY
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: NOV. (Month) 6 (Day) 1882 (Year)

8. AGE: Years 65 | Months 6 | Days 15 | If less than one day: hr. min.

9. Birthplace: Prairie Duchien Wis. 1 (City, town, or county) (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business: POULTRY MERCHANT
FATHER
12. Name: Charles F. Gregory 4
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Marie Clack
15. Birthplace: Prairie Duchien Wis 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Grace B. Gregory
(b) Address: 6940 Edgevale Rd.
17. (a) Interment (Burial, cremation, or removal) (b) Date thereof: May 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Temple
18. (a) Signature of funeral director: D. V. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 5-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21ST year 1948 hour ... minute ... M.
21. I hereby certify that I attended the deceased from Oct 1 1945 to 21 May 1948 that I last saw him alive on 21 May 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma - Cerebral - generalized	?
Due to: Cancer gall bladder	3yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46f	
Major findings: Of operations: —	
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Robert M Myers (M. D. or other) M.D.
Address: 1025 Platte Bldg Date signed: 22 May 48

(Licensed Embalmer's Statement on Reverse Side)

Pueblo Colo.

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 Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.