

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 354

REC'D NOV 10 1943

Registration District No. 47

Primary Registration District No. 3008

14  
1  
2

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

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Pulton  
(c) Name of hospital or institution: State Hospital No 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 M 3 d  
In this community yes  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Moniteau  
(c) City or town California  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME James H Gregory  
3. (b) If veteran, name war .....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 26  
year 1943 hour 1 minute P M.

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Gregory  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Nov 19 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/25/1943 to 10/26/1943  
that I last saw him alive on 10/26/1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis  
Duration .....

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>7</u>	.....hr. ....min.

Due to Atherosclerosis  
Due to .....

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

Other conditions (Include pregnancy within 3 months of death) 93rd

10. Usual occupation Farmer

Major findings: Of operations .....

11. Industry or business .....

Of autopsy .....

12. Name George Gregory

PHYSICIAN Underline the cause to which death should be charged statistically.

13. Birthplace Ark  
(City, town, or county) (State or foreign country)

14. Maiden name 51

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

16. (a) Informant Record

(b) Address .....

17. (a) Burial (b) Date thereof 10/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo

18. (a) Signature of funeral director William H. ...  
(b) Address California Mo

19. (a) 10-26-1943 (b) James Monastchoff  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

**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 Hugh E. Wellman

Licensed Embalmer No. 3537

P. O. Address California 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.**