MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5819
Do not use this space.

1. PLACE OF DEATH REC'D MAR 14 1938
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 885
(c) City Kansas City — (d) Street No. Menorah Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlotte B. Gentry 536
(a) Residence, No. 420 East Armour Boulevard St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alonzo H. Gentry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2, 1896

7. AGE: YEARS 41 — MONTHS 9 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

FATHER
13. NAME: Wm. J. Burt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER
15. MAIDEN NAME: Margaret Conroy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

17. INFORMANT (ADDRESS): Alonzo H. Gentry (Husband) 420 East Armour Blvd., Kansas Cy, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Washington
PLACE Kansas City, Mo. DATE Feby. 24, 1938

19. FUNERAL DIRECTOR (ADDRESS): Stine & McClure Kansas City, Missouri

20. FILED 7 23, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, to Feb. 22, 1938
I last saw her alive on Feb. 22, 1938 Death is said to have occurred on the date stated above, at 10:12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-15-38
124a	

Other contributory causes of importance:

Alcoholic Cirrhosis	years

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harry C. Lapp, M. D.
(Address) 1103 Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Rs. Harry [illegible]
Vrof Bldg Vic 9335
2 - 4:30
1714

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)