

REC'D JAN 13 1939

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

41872
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Paris Primary Registration District No. 29 Registered No. 4938
 (c) City Paris City (d) Street No. 46th and Williams 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. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 536 Ewing M. Gentry St.
2531 Bellefontaine (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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Gentry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29, 1872
 7. AGE YEARS MONTHS DAYS 65 11 20 IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 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) Missouri
 FATHER 13. NAME L. G. Gentry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 MOTHER 15. MAIDEN NAME Caroline Barber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
 17. INFORMANT (ADDRESS) Mrs. Bertha Gentry
2531 Bellefontaine
 18. BURIAL, CREMATION, OR REMOVAL PLACE Huston, Mo. DATE 12/20 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll - Parsons
3024 Front
 20. FILED Dec 20 1938 M. M. Crooks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1938
 22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938, to Dec. 20, 1938
 I last saw him alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 9:25 a.m.
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis
9:25
 Date of onset
 Other contributory causes of importance
chronic mitral Regurgitation
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
 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) F. W. Dugan M. D.
 (Address) 1401 Prospect K C Mo.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.