

1939 MAY 11 1939

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

14289
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 6724 Mack St. Registered No. 412
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 536 Martha E. Gentry
 2. PRINT FULL NAME Martha E. Gentry
 (a) Residence, No. 6724 Mack St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Gentry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1859
 7. AGE YEARS 80 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Unknown Missouri
 FATHER 13. NAME James Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.
 MOTHER 15. MAIDEN NAME Katherine White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.
 17. INFORMANT Mrs. Katie Behymer
 (ADDRESS) 6724 Mack St. St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill Cem. DATE April 18, 1939
Clark Mortuary
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.
 20. FILED Apr 18, 1939 H.J. Nestlebusch
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to April 15, 1939
 I last saw her alive on April 15, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, chronic
 Other contributory causes of importance: Influenza
 Name of operation none 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) W. Grant, M. D.
 (Address) St. Joseph, Mo.

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.

1 X14025

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 *Eric A. Clark*

Licensed Embalmer No. *3496*

P. O. Address *St. Joseph*

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.