

REC'D SEP 15 1939

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

28508
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
(b) Township _____ Primary Registration District No. 4024 Registered No. 34
(c) City Samar Mo. (d) Street No. _____ 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

536 FRANK-K-GENTRY
(a) Residence, No. Nevada Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug-23-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
70 11 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. telegraph operator
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) Hazard Mo. Roll Co. Mo.

13. NAME J. H. Gentry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT anna H. Pierce (ADDRESS) Samar Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon Mo DATE aug 13 1939

19. FUNERAL DIRECTOR J. B. Berry & Sons (ADDRESS) Sheldon Mo.

20. FILED aug-11-1939 Miss Josephine May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5th 1939 to Aug. 10 1939

I last saw him alive on Aug. 5th 1939 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance: Artero-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify C. C. Desmet, M. D. (Signed)

(Address) Samar, 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.

RECEIVED

District Health Officer No. 6,

District File Number 939-1789

Date Filed SEP 6 1939

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385

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

..... L. E.

No. or by Gerald Beery, Registered Apprentice No. 217
working under my personal supervision.

Signed Carroll T. Beery

Licensed Embalmer No. 2385

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.)