

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.

JAN 17 1940

Registration District No. 287

Primary Registration District No. 4173

1. PLACE OF DEATH:  
(a) County De Witt 2  
(b) City or town Malden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
206 N. Beckwith  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 44 yrs  
years, months or days

3. (a) PRINT FULL NAME Thomas Blake Kent Sr.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Wht  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Susan E. Kent  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased May 6 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired merchant

11. Industry or business Merchandise

MOTHER FATHER { 12. Name Thomas B. Kent  
13. Birthplace Ark Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Harris  
15. Birthplace Perry Co Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. B. Kent  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-21-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo.  
18. (a) Signature of funeral director W. L. Loring  
(b) Address Malden, Mo. 63602

19. (a) 12/21/39 (b) St. McNeill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County De Witt  
(c) City or town Malden  
(If outside city or town limits, write "RURAL")  
(d) Street No. 206 N. Beckwith  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 19  
year 1939 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 4, 1939, to Dec 19, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Coronary Artery  
Bill Duch Duration 15 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions   
(Include pregnancy within 3 months of death)

Major findings:   
Of operations   
Of autopsy   
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature Harner Beall (M. D. or \_\_\_\_\_)  
Address Malden, Mo Date signed 12/21/39

RECEIVED

District Health Officer No. 3,

District File Number 140-75

Date Filed 1-5-40

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**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.**