DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 15 1940

Registration District No. 61

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5098

State File No. 1624

Registrar's No. -1-

1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: Rural - Alexander Tp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Benton
(c) City or town: Rural - Alexander
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Robt. M. Gentry 57
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: M
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Malinda
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Apr. 20 1855 (Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: 1
MOTHER FATHER
12. Name: Jacob Gentry
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Susan Kirby
15. Birthplace: Tenn (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Mabel Holley
(b) Address: Fairfield Mo
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation: Concord
18. (a) Signature of funeral director: J K Lindley
(b) Address: Wheatland Mo 65
19. (a) 1-7-40 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1940 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from April, 19 13, to Jan 7, 19 40, that I last saw him alive on Dec 30, 19 39, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	20 yrs
Due to —	
Due to	
Other conditions: Senility (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? (Specify type of place) —
While at work? — (e) Means of injury —
23. Signature: James A. Logan (M. D. or other)
Address: Warsaw Mo Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

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. 7,
District File Number 2-40-215
Date Filed 2-13-40

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 J. P. Luckey

Licensed Embalmer No. 9982

P. O. Address Wheatland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.