

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

**3447**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Ralls Registration District No. 727  
 (b) Township Salt River Primary Registration District No. 5957 Registered No. ....  
 or PO Padonemo, Mo. Street No. ....  
 (c) City St. James (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Cornelia Frances Gentry  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22 - 1857</u>					
7. AGE YEARS <u>82</u>		MONTHS <u>7</u>		DAYS <u>23</u>	
If LESS than 1 day, ..... hrs. or ..... min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>				
	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) <u>Andrew Co., Mo., O</u>					
FATHER	13. NAME <u>Edward C. Wilson</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co., Ky.</u>				
MOTHER	15. MAIDEN NAME <u>Clementine Davis</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co., Ky.</u>				
17. INFORMANT <u>Levith Gentry</u> (ADDRESS) <u>myself &amp; Mrs. ...</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Myself</u> DATE <u>May 26</u> 19 <u>40</u>					
19. FUNERAL DIRECTOR (NAME) <u>Mrs. P. H. ...</u> (ADDRESS) <u>myself &amp; Mrs. ...</u>					
20. FILED <u>1/18</u> 19 <u>40</u> <u>Clyde C. Wilbey</u> Local Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15th 19 40

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19th 1939 to Jan, 15th 1940  
 I last saw her alive on Jan, 13th 1940. Death is said to have occurred on the date stated above, at 9:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset Jan. 22 - 39

Other contributory causes of importance:  
Arterio-sclerosis  
Myocarditis

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 ..... NO

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) W. K. McCall / , M. D.  
Padonia Mo. (Address)

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

*not*

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.....

*Ray A. McPherson*

Licensed Embalmer No. *1133*

P. O. Address.....

*Mexico Mo*

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.

*Not Embalmed*