DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28593

Registration District No. 328 SEP 19 1940 Primary Registration District No. 5463 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy Harris

(b) City or town R.F.D. #7, Trenton, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Harris Farm R.F.D. #7 Trenton, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 75 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Trenton (If outside city or town limits, write "RURAL")

(d) Street No. RFD #7 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Charles Gentry

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Ann

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 2nd (Day) 1865 (Year)

8. AGE: Years 74 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Grundy County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John Gentry
13. Birthplace Grundy County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wood
15. Birthplace Grundy County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl C. Gentry

(b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Edinburg

18. (a) Signature of funeral director Raymond A Davis

(b) Address Trenton, Mo.

19. (a) 7-29-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 12 PM minute M.

21. I hereby certify that I attended the deceased from Jan 1 1940, 19, to July 27, 1940 that I last saw him alive on 7-27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerosis	
Due to Age + Rheumatoid arthritis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O R Rooks (M. D. ~~or other~~)

Address Trenton Mo Date signed 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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RECEIVED
District Health Officer No. 11,
District File Number 940-1358
Filed SEP 9 1940

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 Clifford Oberg

Licensed Embalmer No. 3423

P. O. Address Trenton 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.