

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

29761
Do Not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 33.38 Registered No. 127
 (c) City Marshall (d) Street No. Fitzgibbon's Hospital St.
 (e) Length of residence in city or town where death occurred 4 yrs. 5 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martin Henry Kent Sr.
 (a) Residence No. Soc. Sec. No. 486-05-79499 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Gabb
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 - 1882
 7. AGE YEARS 57 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clothing Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Valley Store
 10. Date deceased last worked at this occupation (month and year) July 25, 1940 11. Total time (year) spent in this occupation 4 1/2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Mo.
 FATHER 13. NAME William Kent
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N. Y.
 MOTHER 15. MAIDEN NAME Mary Hubert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Mo.
 17. INFORMANT (ADDRESS) Mary Kent Marshall, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo. DATE Aug. 10, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Don Short Marshall, Mo.
 20. FILED 8-10-40 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 - 1940
 22. I HEREBY CERTIFY, That I attended deceased from July 30 1940 to Aug 8 1940
 I last saw him alive on Aug 8 1940 Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Septicemia & toxemia Date of onset July 30
Toxic myocarditis Aug 3
 Other contributory causes of importance: 93 A
 Name of operation none Date of
 What test confirmed diagnosis? clt. lab. Was there an autopsy?
 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? no
 If so, specify
 (Signed) W. H. M. D. M. D.
 (Address) Marshall, Mo.

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.

JUL 6 - 1942

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 9-12-40

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 Ronald W. Short
Licensed Embalmer No. 3757
P. O. Address Marshall, 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.