

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3746

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mos. & 14 days
(Specify whether
 In this community 20 Years
years, months or days)

3. (a) PRINT FULL NAME Richard Gentry

3. (b) If veteran, name war No 3. (c) Social Security No. No 487-01-0876

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

12. Name C. O. Gentry

18. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Lula Brown

15. Birthplace IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Gentry

(b) Address Spickard, Missouri

17. (a) Removal (b) Date thereof 9-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spickard, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 9-27-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 7633 Washington
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
76 year 1940 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-12-40, 19____, to 9-26-40, 19____;

that I last saw him alive on 9-26-40, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Multiple abcesses of the lungs and liver with peritonitis

Due to Lobar Pneumonia (108)

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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 Wm. R. Thom (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

H. R. Freeman

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. R. Freeman

Licensed Embalmer No.....

2939

P. O. Address.....

K. O. W.

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

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