No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42259

Registration District No. 22 Primary Registration District No. 5300 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cooper

(b) ~~City or town~~ Tiffany Ins. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. R. F. D. (If rural, give location)

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

3. (a) PRINT FULL NAME William Daniel Gentry

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Anna B. Bowman

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

7. Birth date of deceased January (Month) 11 (Day) 1854 (Year)

8. AGE: Years 86 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Cooper County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Wm. T. Gentry
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Roe
15. Birthplace Pilot Grove (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Joe Postalwait

(b) Address Otterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-40 (Month) (Day) (Year)

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

18. (a) Signature of funeral director L. F. Parker

(b) Address Otterville, Mo.

19. (a) 10/10 40 (Date received local registrar) (b) Robt. L. Foyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1940 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 3, 1940, to Oct 3, 1940 that I last saw him alive on Oct 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Chron. Myocarditis

Due to Chron. Int. Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 E. B. Holtzin (M. D. or other)

Address Smithton Mo Date signed 10/8/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 12-21-40
Date Filed

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Ottervill Me

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

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