

JAN 21 1941 583  
Registration District No. **583**

Primary Registration District No. **5781A**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **MONROE**  
(b) City or town **RURAL-JEFFERSON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**14 mi. E. of Paris**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **34 yrs.** (Specify whether years, months or days)  
In this community **2**

8. (a) PRINT FULL NAME **JOHN PRESTON GENTRY**

8. (b) If veteran, name war  8. (c) Social Security No.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nate Gentry** 6. (c) Age of husband or wife if alive years **48**

7. Birth date of deceased **Jan. 13, 1867**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **22** If less than one day hr. min.

9. Birthplace **Monroe Co., Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Garland P. Gentry**

13. Birthplace **Shelby Co., Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Larah N. Brumpe**

15. Birthplace **Monroe Co., Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ernest Gentry**

(b) Address **Paris, Mo.**

17. (a) **burial** (b) Date thereof **Dec. 7, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wesley Hill**

18. (a) Signature of funeral director **Speed Blakely**

(b) Address **Paris, Mo.**

19. (a) **12-6-40** (b) **R. P. Thompson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **14 mi. E of Paris, Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.  years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5<sup>th</sup>**  
year **1940** hour **11** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **May 10, 1940** to **Dec-5-40**, 19 **40**  
and that death occurred on the date and hour stated above.  
that I last saw him alive on **Nov-25-**, 19 **40**

Immediate cause of death **Coronary Thrombosis** Duration  **sudden**

Due to **Chronic myocarditis and Hypertension**

Due to **gac**

Other conditions (Include pregnancy within 3 months of death) **gac**

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? **515**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **John Beaman** (M. D. or other) \_\_\_\_\_  
Address **Paris, Mo** Date signed **12-6-40**

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.

RECEIVED

District Health Officer No. 10

District File Number 1-41-20

Date Filed JAN 7 1941

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 W. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, 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.