

MAY 12 1944

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

14704

Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 372
(b) Township Benton Primary Registration District No. 1318
(c) City _____ (d) Street No. _____ Registered No. 1076
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lenora Jane Gentry

(a) Residence, No. Rural Holt Co. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John M. Gentry.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25th, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eden Indiana

FATHER 13. NAME John Reynolds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mariah Park.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Frank Gentry, Forest City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE April 24th, 194419. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Gausford, Maund, Mo.20. FILED Apr 24, 1944 J. Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23, 194422. I HEREBY CERTIFY, That I attended deceased from Oct 11 - 40, 1940, to Apr 23, 1944I last saw her alive on Apr 20, 1944 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

chronic interstitial nephritis
Date of onset 3 years ago

Other contributory causes of importance: Cardiac failureName of operation _____ Date of _____
What test confirmed diagnosis? urinal 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) F. E. Hagan M. D.
(Address) Maund City Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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.....

Licensed Embalmer No. *1824*.....

P. O. Address *Mound City, 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.