

FILED JUL 13 1942  
309 311

Registrar's No. 67

Registration District No. .... Primary Registration District No. 4187

38000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Gentry Tenn  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Gentry 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas L. Kier

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month June day 23  
year 1942 hour 3 minute 20 A.M.

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

21. I hereby certify that I attended the deceased from May 9<sup>th</sup>, 1942, to June 18<sup>th</sup>, 1942.  
that I last saw him alive on June 15<sup>th</sup>, 1942 and that death occurred on the date and hour stated above.

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

Immediate cause of death: uraemia Chronic interstitial nephritis Unknown

7. Birth date of deceased: May 10 1862  
(Month) (Day) (Year)

Due to Chronic Myocarditis UNKNOWN

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>13</u>	_____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: 1310

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation retired merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Andrew Kier

13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ann Parry

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

16. (a) Informant Edward Kier  
(b) Address Kansas City, Kansas

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof June 27-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Carmack

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Albany, Mo  
(b) Address \_\_\_\_\_

23. Signature W.S. Campbell (M. D. or other) CA  
Address Albany, Mo Date signed June 24

19. (a) June 24-42 (b) Home 26 26 26  
(Date received local registrar) (Registrar's signature)

21 Jan 14 2 5 pm

Wm. J. ... (handwritten notes)

... (handwritten notes)

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Alfred Brooks

Licensed Embalmer No. \_\_\_\_\_

3329

P. O. Address \_\_\_\_\_

Albany, N.Y.

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, fact should be so stated above.