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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21257

Registration District No. 328 Primary Registration District No. 5452 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town R7D #7, Trenton-Madison
(If outside city or town limits, write "RURAL" and name of township) Twp
(c) Name of hospital or institution R7D #7 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 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R7D #7, Trenton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: William Riley Gentry

3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Belle Buzzard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 28 (Day), 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	20	hr. min.

9. Birthplace Grundy County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer Farmer
11. Industry or business Farm
FATHER
12. Name Lewis Gentry
13. Birthplace Grundy County (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Amanda Jane Howard
15. Birthplace Daviess County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant H. U. Gentry
(b) Address Trenton Mo R7D #7
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Shirley Tooth County
18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton, Mo.
19. (a) June 20 1942 (Date received local registrar) (b) Nada W. Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1942 hour 5:05 minute P M.
21. I hereby certify that I attended the deceased from Apr 25, 1942, to June 18, 1942 that I last saw him alive on June 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration 1 yr
Due to Cardio-renal-vascular syndrome
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

131a

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 0
23. Signature O R Rooks (M. D. or other)
Address Trenton Mo Date signed 6/19/42

1202 (Licensed Embalmer's Statement on Reverse Side)

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 Clifford Oberg

Licensed Embalmer No. 3423

P. O. Address Trenton 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, fact should be so stated above.