

**FILED MAR 14 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

Registrar's No. **60**

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

1. PLACE OF DEATH:

(a) County **Adair**

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

(c) Name of hospital or institution:  
**402 N. Franklin** /  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ **Life** \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

(c) City or town **Kirksville**  
(If outside city or town limits, write "RURAL.")

(d) Street No. **402 N. Franklin**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Thomas J. Kent**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **Feb. 2 1870**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Adair Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

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

MOTHER FATHER

12. Name **James Thomas Kent**

13. Birthplace **Adair Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Elizabeth Walker**

15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jacob H. Kent**  
(b) Address **Novelty, Missouri**

17. (a) **Burial** (b) Date thereof **2/8/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bear Creek Cemetery**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Kirksville, Mo.**

19. (a) **2/4/44** (b) **Mr. J. W. [Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7** year **1944** hour **7:00** minute **A:** M.

21. I hereby certify that I attended the deceased from **2/5/44** to **2/7 1944** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Regurgitation** 980. Duration \_\_\_\_\_

Due to **D.K.** 928

Due to \_\_\_\_\_

Other conditions **arterio-sclerosis** 970. (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **No Operation**

Of autopsy **None**

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? \_\_\_\_\_

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

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Kirksville** Date signed **2/8/44**

1049

RECEIVED

District Health Officer No. 10

District File Number 3-44-528

Date Filed MAR 8 1944

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 D. E. Riley.....

Licensed Embalmer No. 4181.....

P. O. Address Haskell no.....

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.