

FILED APR 13 1944

Registration District No. 15

Primary Registration District No. 5071

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Nashville Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles North Nashville, Hiway 43.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Perry Dent.

3. (b) If veteran, name war World War #1 3. (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 Madeline Dent. 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar. 17, 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Robert E. Dent.
13. Birthplace Arkansas.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Davis
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Madeline Dent.

(b) Address Minden Mines Mo. P.O. R.F. D.

17. (a) Burial (b) Date thereof 3-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 3-29-44 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Minden Mines Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 18, day 1944
year _____ hour 11-45 P.M. M.

21. I hereby certify that I attended the deceased from 3-16-44 to 3-18-1944
19 _____ to 19 _____
that I last saw him alive on Mar. 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration About 2 days
and a Cola Cystitis
Due to Unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) 92 lb

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? _____

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

23. Signature F. R. Spell (M. D. or other) _____
Address Liberal, Mo Date signed 3-20-44

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

RECEIVED

District Health Officer No. 6;

District File Number 444-437

Date Filled APR 11 1944

JUN 9 1944

APR 18 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.....

Permy K. Furlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.