

FILED JUL 13 1944
Registration District No. 217

Primary Registration District No. 6021

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Ray, Braymore, Mo. Lucas, Mo. Perry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray ⁸⁹
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Sidney Gentry

3. (b) If veteran, name war _____ 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 Cora Ellen Gentry 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 29 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Russellville, Ray Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Benjamin Bennet Gentry

13. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah McKenzie

15. Birthplace Mercer Co. Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Grace Gorham

(b) Address Steb Mo

17. (a) Burial (b) Date thereof June 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director W. K. Kulpocher

(b) Address Ward Mo

19. (a) June 13 44 (b) Madhus W. Shipley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11
year 1944 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from JAN - 1943
~~JUNE 11~~ 1943 to JUNE 11 1944
that I last saw him alive on MAY 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER LUNG
47D TYPE UNKNOWN
CANCER BRAIN
Due to 5413 Duration UNK - UNK -

Due to _____

Other conditions (Include pregnancy within 3 months of death) 5413

Major findings: Of operations _____

Of autopsy _____

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 road

23. Signature C. L. Woolsey (M. D. or other)

Address Braymore Mo Date signed 6/13/44

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

MOTHER FATHER

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-12-44

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

John W. Knipschild

Licensed Embalmer No.

2789

P. O. Address

Hardin 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.