

FILED AUG 10 1944  
Registration District No. 21987

Primary Registration District No. 5908

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Holland sup  
(If outside city or town limits, write "RURAL" and name location)

(c) Name of hospital or institution: sup

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Rural Holland sup  
(If outside city or town limits, write "RURAL")

(d) Street No. 78  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Franklin Gentry

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th  
year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 29th  
1944 to June 29th 1944;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: March 19, 1912  
(Month) (Day) (Year)

that I last saw h. alive on June 29th 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Critis

| 8. AGE: | Years    | Months   | Days      | If less than one day |
|---------|----------|----------|-----------|----------------------|
|         | <u>3</u> | <u>3</u> | <u>10</u> | hr. min.             |

Due to 2

Due to 170 2

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

10. Usual occupation Child

Other conditions 170 2  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 170 2

11. Industry or business none

12. Name Chance Gentry

13. Birthplace Pemiscot County, Mo.  
(City, town or county) (State or foreign country)

14. Maiden name Zella, Digham

15. Birthplace Newbern, Tennessee  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Zella Gentry

(b) Address Box 1, Steele, Mo

17. (a) Burial (b) Date thereof 6-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Samuelson, Holland, Mo

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)

(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Richard W. Stone

(b) Address Steele, Mo. Box 1, 21

19. (a) 8-7-44 (b) C. C. Simbaugh  
(Date received local registrar) (Registrar's signature)

23. Signature D. C. Mearns (M. D. or other) 0

Address Holland Mo Date signed 8-3-44

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

18  
0  
0

1201

7-44-182

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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.