

FILED SEP 5 1944
Registration District No. 329

Primary Registration District No. 4485

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

1. PLACE OF DEATH:

(a) County SCOTT
(b) City or town FORNFELT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(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 SCOTT
(c) City or town FORNFELT
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRED CENT

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (g) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARGRET CENT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG. 11 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace BOLLINGER CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN CENT
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name DONT KNOW
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant B.B. NEELY (b) Address FORNFELT MO.

17. (a) BURIAL (b) Date thereof 7 25 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIGHTNER CEMETARY
18. (a) Signature of funeral director BISPLINGHOFF-HUBBARD
(b) Address ILL MO MO.

19. (a) July 26 - 44 (b) Mrs W. S. Tomlinson
(This received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 16 1944 to July 23 1944
that I last saw him alive on July 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory Failure
Lobar Pneumonia 2 days
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108
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) (c) Means of injury _____

23. Signature Dr. J. Wilson (M. D. or other) DO.
Address Fornfelt Date signed July 24/44

1316

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 84-1176

Date Filed 8-30-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Westmoreland

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.