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30710

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1944

Primary Registration District No. 6093

Registrar's No. 172

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo. Rural
(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 All his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall, Route # 4. 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME William Warner 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 Married

6. (b) Name of husband or wife Ella May Kent 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 17, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 9 16 hr. _____ min.

9. Birthplace Saline county Missouri (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James W. Kent

13. Birthplace Virginia (1)
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Bunley

15. Birthplace Virginia (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. H. Hunt

(b) Address Marshall, Mo. Route # 4.

17. (a) Burial (b) Date thereof Oct. 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo.

19. (a) 10-6-44 (b) Mo T. O. Weathers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1944 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan
1944, to Oct 3, 1944
that I last saw him alive on Oct. 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 10 mo

Due to _____ X

Due to _____ X 46 lb

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

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? _____

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

23. Signature A. C. Putnam (M. D. or other)? _____
Address Marshall Mo. Date signed 10-6-44

1215

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8

File Number

Date Filed 11-9-44

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 *James H. Lewis*
Licensed Embalmer No. *1171*
P. O. Address *Marshall 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.