. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1945

State File No. 24633

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 124

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROUTE #5 Sedalia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL ROUTE #5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME GROVER C. BRENT

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 ADELINE

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

7. Birth date of deceased 7 (Month) – 21 (Day) – 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	11	11	..... hr. ..... min.

9. Birthplace LA MONTE (City, town, or county) MO (State or foreign country)

10. Usual occupation ~~Missouri~~

11. Industry or business STOCKMAN

FATHER
12. Name J.A. BRENT
13. Birthplace ..... (City, town, or county) W. VA. (State or foreign country)

MOTHER
14. Maiden name MARY E. MARTIN
15. Birthplace ..... (City, town, or county) W. VA. (State or foreign country)

16. (a) Informant MRS G.C. BRENT
(b) Address SEDALIA, MO. RTE #5

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, MO.

19. (a) 7/3/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1945 hour 9:48 minute A M.

21. I hereby certify that I ~~attended~~ viewed the deceased from 7/2/ 1945, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	3 yrs.

Major findings:
Of operations .....
Of autopsy .....

94

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. [redacted] Dr. K. L. Holdman Coroner ~~(M.D. or other)~~ D.O.

Add[redacted] Elgonfritz Bldg. Date signed 7/2/45

1022 (Licensed Embalmer's Statemen[redacted]verse Side) Sedalia, Mo

7/24/48

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 L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Declalin 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.