S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 30451

Registration District No. 101 Primary Registration District No. 5404 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town ~~Ava~~ Rural Finley ~~Tun~~
(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 Missouri (b) County Douglas 34

(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henderson Gentry

3. (b) If veteran, name war No

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 Betty Hartley Gentry

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 23, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	18	hr. min.

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

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name Oliver H. Gentry
13. Birthplace ---- Ala. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth McKinsey
15. Birthplace ----- Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Gentry M.D.
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-45
(Month) (Day) (Year)
(c) Place: burial or cremation Denney

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 8-1-45 (Date received local registrar) (b) Lula Spurlock Deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1945 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from 7-1-45, 19__, to 7-11-, 1945; that I last saw him alive on 7-11-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	3 Days
Due to Ca of Large Intestine	?
Due to	
Other conditions Hemmorrhage (Include pregnancy within 3 months of death)	10 Days

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Gentry 0 (M. D. ~~or other~~)
Address Ava Mo Date signed 7-21-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 945-957
Date Filed SEP 19 1945

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Asa 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.