

FILED NOV 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. 33878

Registration District No. 142

Primary Registration District No. 5057

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Peace Valley, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Asson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town Peace Valley
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Jno Gentry

3. (b) If veteran, name war (c) Social Security No. 30

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Maggie Gentry 6. (c) Age of husband or wife if alive 9-21-1860 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 9 hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business unk

12. Name unk

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

14. Maiden name Drucilla Alexander (City, town, or county) (State or foreign country)

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

16. (a) Informant Mr Amanda Bennett (b) Address Peace Valley, Mo

17. (a) 18 (b) Date thereat 7/2-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neel Hope

18. (a) Signature of funeral director Robert (b) Address Wes Hayes, Mo

19. (a) 15 (b) Sh... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1945 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan. 22 to June 30, 1945
that I last saw him alive on June 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage with Hemiplegia Duration 4 wks.

Due to arterio-sclerotic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations unk Of autopsy unk

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. H. Thornburg (M. D. or other) Address West Plains, Mo Date signed 7/12/45

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

MOTHER FATHER

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 *A. D. Roberts*

Licensed Embalmer No. *3477*

P. O. Address *West Hill, N.Y.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1102
Registrar's No. 76

Registration District No. 142 Primary Registration District No. 5557

1. PLACE OF DEATH:
(a) County Hopwell
(b) City or town Peace Valley, Mo. - Lincoln
(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)

3. (a) PRINT FULL NAME Jno Gentry
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
7. Birth date of deceased Sept 2 (Month) (Day) (Year)

8. AGE: Years 84 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) Ill

10. Usual occupation
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director.....
(b) Address

19. (a) 11-15-40 (Date received local registrar) (b) Laura Mitchell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.....

20. DATE OF DEATH: Month..... Day..... Year 1940 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... to....., 19.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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