

FILED FEB 15 1946
Registration District No. **2**

Primary Registration District No. **4322**

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

1. PLACE OF DEATH:

(a) County **Missouri**

(b) City or town **Raymond, Mo**
(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 **60 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Missouri**

(c) City or town **Rural** (If outside city or town limits write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME **Eva P. Gentry**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18** year **1946** hour **40** minute **15** P.M.

21. I hereby certify that I attended the deceased from **March 10** 19**46** to **Jan 15** 19**46**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Hadley Alley Gentry** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Oct 21 1875**
(Month) (Day) (Year)

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**

Due to **Chronic nephritis**

Due to _____

8. AGE: Years **70** Months **2** Days **27** If less than one day _____ hr. _____ min.

Other conditions (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.

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

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **John Paul Allen**

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

14. Maiden name **Stripler**

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

16. (a) Informant **Michael Gentry**

(b) Address **Newtown, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 20, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Raymond**

18. (a) Signature of funeral director **Neil Moss**

(b) Address **Princeton, Mo.**

19. (a) **1-22-46** (b) **Eva Martin**
(Date received local registrar) (Registrar's signature)

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 **P. J. Perry** (M. D. or other) _____
Address **Raymond, Mo** Date signed **1/19-46**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed Paul Mess

Licensed Embalmer No. 2634

P. O. Address Princeton, 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.