

FILED APR 15 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 74

Primary Registration District No. 4136

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(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) 1

(d) Length of stay: In hospital or institution no (Specify whether)

In this community since 1891 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

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

(e) Citizen of foreign country? no (If yes, name country) _____

3. (a) PRINT FULL NAME WILLIAM H. GENTRY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Corine Gentry

6. (c) Age of husband or wife if alive 26 years (Day) (Year)

7. Birth date of deceased May 26 1920 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Ny (City, town, or county) no (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Robert Gentry

13. Birthplace Ny (City, town, or county) no (State or foreign country)

14. Maiden name Emily Galt

15. Birthplace Ny (City, town, or county) no (State or foreign country)

16. (a) Informant Mr. Rula Taylor

(b) Address Plattsburg, Mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 3/27/46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenland

18. (a) Signature of funeral director Jas L Martin

(b) Address Plattsburg

19. (a) Mar 25/46 (Date received local registrar)

(b) Jas L Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 20 1944 to Mar 25 1946

that I last saw him alive on Mar 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 15 Mo

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature W. B. Spalding (M. D. or other) MD

Address Plattsburg, Mo 316-46

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

**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.....

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

Signed *Jas L Martin*
Licensed Embalmer No. *4308*
P. O. Address *Plattsburg*

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.