

No. 2
-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12178

State File No. _____

FILED APR 10 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location) 4 Months
(d) Length of stay: In hospital or institution. 4 Months
In this community 42 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NEWMAN C. GENTRY

3. (b) If veteran, name war None
3. (c) Social Security No. 490-07-2762

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gloria Whaley Gentry
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 - 8 - 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation Iron Worker

11. Industry or business _____

12. Name William Gentry

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Williams

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Newman C. Gentry

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 4-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.
(b) Address _____

19. (a) 4-2-46 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 E. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1
year 1946 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 26
1945 to Apr. 1, 1946
that I last saw him alive on Apr. 1, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema,
acute
Due to Carcinoma of the lungs
primary bronchogenic
Due to _____

Other conditions Carcinoma metastatic
(Include pregnancy within 3 months of death)
to brain & kidneys

Major findings: _____
Of operations 470
Of autopsy Primary bronchogenic ca. of lungs
metastatic to brain & kidneys

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)
(c) Means of injury _____

23. Signature Maurice E. Cooper (M. D. or other) M.D.
Address Columbia, Mo. Date signed Apr. 1946

Duration

1 hr.

12 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11087

31

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-8-46

APR 11 1946

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 Frank L. Loring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.