

FILED NOV 25 1946

Registration District No. 73

Primary Registration District No. 4133

Registrar's No. 82

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Kearney  
(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 Mo (b) County Clay

(c) City or town Kearney  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Rhoda Gentry

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 8  
1946 to Nov 10, 1946  
that I last saw her alive on Nov 10, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
23 1870  
(Month) (Day) (Year)

7. Birth date of deceased Sept 23 1870

Immediate cause of death: Cerebral Haemorrhage Duration 12 Hr

Due to Arteriosclerosis

Due to General

Other conditions Obesity  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

76 1 18 hr. \_\_\_\_\_ min.

9. Birthplace Platt Co Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations 0

Of autopsy 0 83A

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John B. Collier

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

14. Maiden name Mary E. Foster

15. Birthplace Platt Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Gentry

(b) Address Kearney Mo

17. (a) Burial (b) Date thereof Nov-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grayson Mo

18. (a) Signature of funeral director Edward Fry

(b) Address Kearney Mo

19. (a) Nov. 12, 1946 (b) Minnie Haynes  
(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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? 0 (Specify type of place) (c) Means of injury 0

23. Signature Wm H. Gadden (M.D. or other) 11/19/46

Address Liberty Date signed \_\_\_\_\_

RECEIVED

Health Officer No. 8,

File Number

Filed 11-23-46

RECEIVED

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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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.