

U.S. No. 2
OM-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39534**

FILED DEC 24 1946

Registration District No. **18**

Primary Registration District No. **5037**

Registrar's No. **179**

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

1. PLACE OF DEATH: **Audrain**

(a) County **Audrain**

(b) City or town **Mexico, Rural Salt River**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Rs 4**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **✓** (Specify whether)

In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain** **4**

(c) City or town **Mexico, Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **R R 4** (If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country

3. (a) PRINT FULL NAME **Clarence Level Gentry**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Nettie Gentry**

6. (c) Age of husband or wife if alive **_____** years

7. Birth date of deceased **Dec 11 1881**
(Month) (Day) (Year)

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

64 11 26 hr. min.

9. Birthplace **Sante, Pa. Mo** (State or foreign country) **0**

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Gibbs Gentry**

13. Birthplace **Calloway Co., Missouri** (State or foreign country) **0**

14. Maiden name **Carnelia P. Wilson**

15. Birthplace **Dk** (State or foreign country) **1**

16. (a) Informant **Mrs. Nettie Gentry**

(b) Address **Mexico, Missouri.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 8, 1946**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Chas. A. Wood**

(b) Address **Mexico, Missouri.**

19. (a) **12/8/46** (Date received local registrar) (b) **Blanche Keely** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **6** year **1946** hour **4** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 1** 19 **46** to **Dec 6** 19 **46**

that I last saw h. i. m. alive on **Dec 6** 19 **46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **8 yrs**

Due to

Due to

Other conditions **Influenza**
(Include pregnancy within 3 months of death)

Acute Indigestion

Major findings:
Of operations **A30**

Of autopsy

Duration

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 **2**

23. Signature **John A. Curran** (M. D. or other) **Dr**

Address **Mexico, Mo.** Date signed **12-7-1946**

Omer

RECEIVED
District Health Officer No. 10
District File Number 12-46-2312
Date Filed DEC-20-1946

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 *Everett R. Kendall*

Licensed Embalmer No. *4038*

P. O. Address *Mexico, 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.