

No. 2
1-5-43
5-17-39
I X36671

State File No.

FILED FEB 24 1947

Registration District No.

Primary Registration District No. 4208

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Cainsville
(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 years, months or days) All life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(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 Lonzo Gentry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Ann Gentry 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 24 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Gentry 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name Jane Etherton 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Ann Gentry
(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof Feb. 1, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director E. J. Stoklase
(b) Address Cainsville, Mo.

19. (a) 2-10-1947 (b) S. Pha Shaw.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 29
96 1947 to Jan 29 1947
that I last saw h. im alive on Jan 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy g & r

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 _____
23. Signature [Signature] (M. D. or other) _____
Address Cainsville, Mo. Date signed 1/30/47

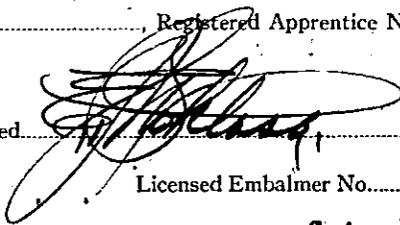
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Eddie J. Stoklassa Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3602

P. O. Address..... Cainsville, Missouri.

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.