

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 14 1947

STANDARD CERTIFICATE OF DEATH

State File No. 7974

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 486

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1517 Francis St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 years  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1517 Francis St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Luther A. Kent

3. (b) If veteran, name war No  
3. (c) Social Security No. 499-18-5859

4. Sex Male / 5. Color or race White /  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattabell Kent  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased February 18 1868  
(Month) (Day) (Year)

8. AGE: Years 79: Months 1 Days 17  
If less than one day hr. min.

9. Birthplace Denver Missouri /  
(City, town, or county) (State or foreign country)

10. Usual occupation Live Stock Commission Man  
Live Stock

11. Industry or business Live Stock

MOTHER FATHER

12. Name C. H. Kent

13. Birthplace Danville Illinois /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dawson  
15. Birthplace Grant City Missouri /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattabell Kent  
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kent Cemetery

18. (a) Signature of funeral director Heaton-Bowman  
(b) Address St. Joseph, Mo.

19. (a) 4-9-47 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1947 hour 9: minute P.M.

21. I hereby certify that I attended the deceased from April 3, 47  
April 5, 1947 to April 3, 1947  
that I last saw him live on April 3  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Arterio Sclerosis

Due to Senility (87 yrs)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

Duration 4 days 10 yrs

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) none  
(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 J. E. Thompson (M. D. or other)  
Address 825 Charles St. Date signed 4/7/47

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

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(Licensed Embalmer's Statement on Reverse Side)

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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

*Earl Rapp*

Licensed Embalmer No

*23458*

P. O. Address

*319 S. 10th St. Joseph, 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.**