

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24781**

**FILED AUG 1 1947**  
Registration District No. **199**

Primary Registration District No. **5732**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
**(a) County:** Macon  
**(b) City or town:** South Gifford  
(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)

**3. (a) PRINT FULL NAME:** Bethenia F. Gentry  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex:** female **5. Color or race:** white  
**6. (a) Single, widowed, married, divorced, widowed:** widowed  
**6. (b) Name of husband or wife:** William Gentry  
**6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years  
**7. Birth date of deceased:** June 8 1900  
(Month) (Day) (Year)

**8. AGE:** Years 47 Months 1 Days 9  
If less than one day hr. min.

**9. Birthplace:** Macon Co. Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Housekeeping

**11. Industry or business:** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name:** William Henry Gwin  
**13. Birthplace:** Illinois  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** Anna Veilgmore  
**15. Birthplace:** Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Lloyd Gwin

**(b) Address:** South Gifford Mo

**17. (a) Burial (Burial, cremation, or removal):** Burial **(b) Date thereof:** July 19 1947  
(Month) (Day) (Year)

**(c) Place: burial or cremation:** Indian Hill

**18. (a) Signature of funeral director:** M. J. Collins  
**(b) Address:** South Gifford Mo

**19. (a) July 22 1947 (Date received local registrar):** **(b) Daphne Houston (Registrar's signature):** 1947

**2. USUAL RESIDENCE OF DECEASED:**  
**(a) State:** Missouri **(b) County:** Macon  
**(c) City or town:** South Gifford Mo  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 17  
 year 1947 hour 5 minute 15 P. M.

**21. I hereby certify that I attended the deceased from** July 1, 1947, to July 17, 1947  
 that I last saw him alive on July 17, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death: cancer of nasopharynx and  
accompanying sinusitis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

**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: 2  
**23. Signature:** M. J. Collins (M.D. or other)  
 Address: Collins Mo Date signed: 7/14/47

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

21  
00

61

0  
0  
P

Duration  
18M

PHYSICIAN  
Underline the cause to which death should be charged statistically.

558

AUG 11 1947

RECEIVED

District Health Officer No. 10

District File Number 247-939

Date Filed JUL 30 1947

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 *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address: South Fifford 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.**