S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42282

Registration District No. 187 — Primary Registration District No. 3040 — Registrar's No. 161

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 827 Jefferson Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 1½ years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe (If outside city or town limits, write "RURAL") 1
(d) Street No. 1227 Clay Street (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Louise Gentry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or XX Frank Gentry
6. (c) Age of husband or wife if alive d years
7. Birth date of deceased January 18, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	18	hr. min.

9. Birthplace Livingston, County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John M. Bowen
13. Birthplace Virginia (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Eliza Jane Lowey
15. Birthplace Gittenden Co. Kentucky (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Jerry Bowen
(b) Address Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Christison Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Dec 18 47 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1947 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from April 10, 1947, to 6 Dec, 1947 that I last saw her alive on 6 Dec, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94P

PHYSICIAN
Underline the cause of 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 0
23. Signature V D Van Lina (M. D. ~~or other~~)
Address Chillicothe Mo Date signed 8 Dec 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 1 3 1948

DEC 23 1947

NOV 26 1954

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Elton Norman

Licensed Embalmer No. .....

P. O. Address .....

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.