

S. No. 2
M-5-43
5-17-39
I X36671

FILED JAN 7 1948

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
420 S. Olive St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 420 S. Olive St. 2
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Garrett Kent

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: February 14, 1914
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Mexico, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Fred A. Kent

13. Birthplace Wright City, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia G. Garrett

15. Birthplace Centralia, Mo. 3
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred A. Kent

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Jan. 4, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Saul E. Pault

(b) Address Mexico, Mo.

19. (a) 1/4/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1948 hour 12:50 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Was found dead in bed in his home unattended by a physician
Due to he had had an unaided
from heart. No sign of
evidence of rupture or foul
play of any kind. Death
was probably due
to what is commonly known

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

Major findings: Actual cause
Of operations But cause unknown
Of autopsy none

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? _____

While at work? no (Specify type of place) (c) Means of injury none

23. Signature S. C. Adams Coroner.
Address Mexico, Mo. (M. D. or other) _____
Date signed 1-3-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 1-48-43
JAN - 6 1948
Date Filed

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.....

Clarence C. Robinson

Registered Apprentice No. *56*

working under my personal supervision.

Signed.....

Earl J. Pank

Licensed Embalmer No. *3189*

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.