

No. 72  
7-5-43  
5-17-39  
I X36671

FILED JAN 24 1948

Registration District No. 74 Primary Registration District No. 4137 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Chinton

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

(c) Name of hospital or institution:  
NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chinton 25

(c) City or town TRIMBLE 0  
(If outside city or town limits, write "RURAL")

(d) Street No. HARDIN TOWNSHIP 0  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NONE

3. (a) PRINT FULL NAME LAMES M. 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 SEUEH

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JUNE 30 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>14</u>	hr. min.

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

10. Usual occupation FARMER (Retired 15 yrs)

11. Industry or business SAME AS ABOVE

12. Name PHEASANT GENTRY

13. Birthplace CHD Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name MARtha WEST

15. Birthplace CHD Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ORA G. FRANCIS

(b) Address Edgerton Missouri

17. (a) BURIAL (b) Date thereof Nov 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director Mc COMAS FUNERAL HOME

(b) Address Smithville, Missouri

19. (a) Jan 15-48 (b) Bessie Chintan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 13  
year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 27 1947 to Jan 13 1948  
that I last saw him alive on Jan 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration

Due to Thrombosed Arterio Sclerosis

Other conditions: 930  
(Include pregnancy within 3 months of death)

Major findings: 930

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address Smithville, Mo Date signed 1-13-48

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

MOTHER, FATHER

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 *CH*

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

Signed *Dwain J. Roggenbush*

Licensed Embalmer No. *3940*

P. O. Address *Smithville, 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.