S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. WALTER 5719

Primary Registration District No. 3052

Registrar's No. 59

1. PLACE OF DEATH
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town RURAL ~~#3~~ SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. ROUTE #3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHAS. CAMPBELL GENTRY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MAR.
6. (b) Name of husband or wife MINNIE
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased JUNE (Month) 12 (Day), 1867 (Year)

8. AGE: Years 80 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace PETTIS COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name JOHN C. GENTRY
13. Birthplace — (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name DOROTHY HAGGARD
15. Birthplace — (City, town, or county) — (State or foreign country)
16. (a) Informant CHARLES GENTRY
(b) Address SEDALIA, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation GROWN HILL CEMETERY
18. (a) Signature of funeral director Geo. Dierard
(b) Address Sedalia, Mo.
19. (a) 2-26-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 24 day 1948 year hour 740 minute a M.
21. I hereby certify that I attended the deceased from Feb 20, 19 to Feb 24, 1948; that I last saw h. m. alive on Feb 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4da
Due to Hypertension and diabetes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 2-25-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number .....
Date Filed 3-5-48

FEB 9 1949

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.