S. No. 2
M—1/47
v. 17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12274

FILED APR 26 1948

Registration District No. 132 — Primary Registration District No. 3021 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 East 6th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community — 22 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Trenton (If outside city or town limits, write "RURAL") 1
(d) Street No.: 912 East 6th St (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: Mary Francis Kent
3. (b) If veteran, name war: —
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: David L Kent
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: Feb (Month) 15 (Day) 1862 (Year)

8. AGE: Years 86 | Months 0 | Days 29 | If less than one day — hr. — min.

9. Birthplace: Mercer County (City, town, or county) MO (State or foreign country)
10. Usual occupation: Housekeeper (Retired)
11. Industry or business: Home

FATHER
12. Name: Martin Van Buren Scobel
13. Birthplace: Sullivan Washington Co. Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Harriett Ann Overstreet
15. Birthplace: Anderson Pleat, Colorado (City, town, or county) (State or foreign country)

16. (a) Informant: Ansley F Kent
(b) Address: Trenton, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Grove Trenton Mo
18. (a) Signature of funeral director: Kayne A Davis
(b) Address: Trenton Mo.
19. (a) 3-16-1948 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from March 1 — 1948, to March 14 — 1948; that I last saw her alive on March 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Insufficiency	1 day
Fracture left humerus	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

23. Signature: C H Cullers M.D. (M. D. or other)
Address: Trenton Mo Date signed: 3-15-48

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

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

JAN 18 1955

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

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.

. S. No. 2B
2 I—3-45
P I X43885

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(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)
In this community

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

3. (a) PRINT FULL NAME Mary J. Kent
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Feb 15 1862 (Month) (Day) (Year)
8. AGE: Years 86 Months 0 Days 26 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 14 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
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) accident
(b) Date of occurrence March 2, 1948
(c) Where did injury occur? Home Trenton Grundy Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature C H Coulter M.D. (M. D. or other)
Address Trenton Mo Date signed 5-1-48

SUPPLEMENTARY

S-12274