

FILED AUG 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24025

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

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>	
c. LENGTH OF STAY (in this place) <u>47 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>823 PETTISOHN ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>823 PETTISOHN ST</u>		e. STREET ADDRESS (If rural, give location) <u>823 PETTISOHN ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>KENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 27, 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 17, 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ROTHVILLE, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. NAME OF HUSBAND OR WIFE <u>JOHN V. KENT</u>	
13a. FATHER'S NAME <u>NOAH DEAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA MCKICKEL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JOHN V. KENT, BROOKFIELD, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Senile Dementia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u> <u>2 yrs</u> <u>792X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 1947, to <u>July 27, 1949</u> , that I last saw the deceased alive on <u>July 27, 1949</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Lucas M.D.</u>		23b. ADDRESS <u>Brookfield MO</u>	
23c. DATE SIGNED <u>7/28/49</u>		24. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-30-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME, BROOKFIELD, MO.</u>		ADDRESS <u>1670</u>	
DATE REC'D BY LOCAL REG. <u>7-29-49</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>	



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.