

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27331

FILED SEP 1 1949

State File No.

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

57

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>4288</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>Moscow Mills Mo</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>Moscow Mills Mo</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED a. (First) <u>HOWARD</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>KENT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov 21 1877</u>		9. AGE (In years last birthday) <u>71</u>		10. MONTH (Day) (Year) <u>8 29</u>		11. BIRTHPLACE (State or foreign country) <u>Moscow Mills Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Moscow Mills Mo</u>	
13a. FATHER'S NAME <u>John Kent</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Archer</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Louise Kent</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Louise Kent</u> ADDRESS <u>Moscow Mills Mo</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES _____ DUE TO (b) _____				DUE TO (c) _____	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) _____		II. OTHER SIGNIFICANT CONDITIONS _____				19. MAJOR FINDINGS OF OPERATION <u>Cancer of Glom. Pleis - opposite 1946.</u>	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
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) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. L. Leuch</u> (Director or title)		23b. ADDRESS <u>Tray Mo</u>		23c. DATE SIGNED <u>Aug 23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 22 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonderson Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-26-49</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Coy</u>		ADDRESS <u>Tray Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 29 1978
District Health Officer No. 9
District File Number

8 SEP 11

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.

Signed _____
Student Embalmer
Licensed Embalmer No. 8586
P. O. Address Troy 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.