

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30970

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 282	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY LINN		b. CITY (If outside corporate limits, write RURAL and give township) MARCELINE		a. STATE MISSOURI		b. COUNTY LINN	
c. CITY OR TOWN MARCELINE		c. LENGTH OF STAY (In this place) 8 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) BROOKFIELD			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				d. STREET ADDRESS (If rural, give location) 823 PETTICORN ST.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) JOHN		b. (Middle) V.		c. (Last) KENT		SEPT. 26, 1949	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH AUG. 24, 1872	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL CUSTODIAN, RET.		11. BIRTHPLACE (State or foreign country) CARROLL CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOSEPH KENT		13b. MOTHER'S MAIDEN NAME NANCY OGLE		14. NAME OF HUSBAND OR WIFE JENNIE G. DEAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAUL D. KENT, MOLINE, ILL.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		II. OTHER SIGNIFICANT CONDITIONS				20 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				years	
		DUE TO (c)				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		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 Sept 6, 1949, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 3:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Montague M. W.				23b. ADDRESS Brookfield Mo		23c. DATE SIGNED 9/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-29-49		24c. NAME OF CEMETERY OR CREMATORY ROSS HILL		24d. LOCATION (City, town, or county) (State) BROOKFIELD, MO	
DATE REC'D BY LOCAL REG. 9/28/49		REGISTRAR'S SIGNATURE Mary Jane Owens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WRIGHT FUNERAL HOME, BROOKFIELD, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

58  
2



**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 Harold B. Wright

Signed.....  
Student Embalmer

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.