

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34857

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 366

1. PLACE OF DEATH  
a. COUNTY St. Francois  
b. CITY OR TOWN RURAL Farmington St. Francois  
c. LENGTH OF STAY (If in this place) 3Y; 7M; 1D  
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Monroe  
c. CITY OR TOWN Monroe City  
d. STREET ADDRESS Unknown

3. NAME OF DECEASED (Type or Print)  
a. (First) JENNIE b. (Middle) D. c. (Last) GENTRY  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed  
8. DATE OF BIRTH March 27, 1880 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months 6 Days 10 IF UNDER 12 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Ralls County, Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isaac Thomas Dawson 13b. MOTHER'S MAIDEN NAME Rebecca Virginia Ely 14. NAME OF HUSBAND OR WIFE Frank Kendrick Gentry

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. None  
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo. ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
19. MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchial pneumonia, terminal  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio vascular renal disease  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS: Psychosis with cerebral arterio-sclerosis  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 4 das.  
Abt. 10 Yrs  
442X  
Unknown.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from August 3, 1949, to Oct. 7, 1949, that I last saw the deceased alive on Oct. 7, 1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE John A. Freeman M.D. IV (Degree or title)  
23b. ADDRESS State Hospital No. 4, Farmington, Mo.  
23c. DATE SIGNED 10-10-49

24a. BURIAL, CREMATION REMOVAL (Specify) Burial  
24b. DATE Oct. 8, 1949  
24c. NAME OF CEMETERY OR CREMATORY St. Jude Cemetery  
24d. LOCATION (City, town, or county) (State) Monroe City, Mo.

DATE REC'D BY LOCAL REG. Oct. 14, 1949 REGISTRAR'S SIGNATURE Ethel Reddick 25. FUNERAL DIRECTOR'S SIGNATURE Wilson Funeral Home, Monroe City, Mo. ADDRESS

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

11 0 5

247

RECEIVED 10-24-49

District Health Officer No. 4

District No. 1049-141

Date

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 C. A. Cozcan

Licensed Embalmer No. 4084

P. O. Address Farmington 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.