No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 6 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18253

Registration District No. 218 — Primary Registration District No. 3013 — Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville (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) 2

(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days) In this community 58 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper

(c) City or town: Boonville (If outside city or town limits, write "RURAL") 0

(d) Street No. ----- (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME: George Gentry. 536

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Nannie (Potter) Gentry

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Jan. 15" 1859 (Month) (Day) (Year)

8. AGE: Years 81 | Months 4 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Rocheport (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation: Retired, Laborer

11. Industry or business: Sand Works.

FATHER 12. Name: Unknown. 9

13. Birthplace: " (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Unknown.

15. Birthplace: " (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs Wm. Gentry.

(b) Address: Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 2"/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Grove Cem.

18. (a) Signature of funeral director: Goodman & Boller

(b) Address: Boonville, Mo.

19. (a) 6-1-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature) 197

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th. year 1940 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from Apr. 14 — 1940 to May 30 — 1940 that I last saw him alive on May 30 — 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular heart disease — Duration

Due to: ✓

Due to: 9 2 N

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

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) ✓

(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: H. D. Gregg (M. D. or other)

Address: Boonville, Mo. Date signed 6-1-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/5/40

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

Signed G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Bowerville, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.