

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 No W hite
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City Mo**
(If outside city or town limit, write "RURAL")
Street No. **308 No White**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

DECEASED
DEC 11 1940

8. (a) PRINT FULL NAME **W^M G. GENTRY**

3. (b) If veteran, name war **William G. Gentry** Social Security No. **496-03-3551**

4. Sex **Male** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Margaret H Van Meter** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **12-23-1887**
(Month) (Day) (Year)

8. AGE: Years **52** Months **10** Days **10** If less than one day .hr. min.

9. Birthplace **Seaside Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

11. Industry or business **W. P. H.**

MOTHER FATHER
12. Name **Pleasant Gentry**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Robertson**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Gentry**

(b) Address **308 No White**

17. (a) **Burial** (b) Date thereof **11-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia Mo**

18. (a) Signature of funeral director **John P Sheil**

(b) Address **666 Dep ave**

19. (a) **11-2-40** (b) **M. M. Brown**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **3** year **1940** hour **6:00** minute **00** M.

21. I hereby certify that I am under the deceased from **6:00 A.M.**

that I have saved or have and that death occurred on the date and hour stated above. Immediate cause of death **Hypertensive heart disease**

Due to **Hypertensive heart disease**

Due to

Other conditions (Include pregnancy within 3 months of death) **95B²**

Major findings: Of operations

Of autopsy **Yes**

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?

While at work? (Specify place of place) (Specify means of injury)

23. Signature **M. M. Brown** (M. D. or other)

Address **K. L. Ma** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.