

Registration District No. 254

Primary Registration District No. 5355

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Benton
(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)
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
(c) City or town Pattonburg, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 25 day
year 1940 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Dec. 21, 1940
that I last saw her alive on Dec. 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis & Arteriosclerosis

Duration

Due to _____

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? _____

228 (Specify type of place) While at work _____ (c) Means of injury _____

23. Signature J. Frank Wedel (M. D. or other) _____
Address Pattonburg Date signed 12/25/40

3. (a) PRINT FULL NAME Maggie Blanche Gentis

3. (b) If veteran, name war _____ 3. (c) Social Security No. 0

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Gentis 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased February 23 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Jackson Davis

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

14. Maiden name Rebecca Sweaney

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Meade

(b) Address Pattonburg, Mo. Rural

17. (a) Burial (b) Date thereof Dec. 26, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonburg, Mo.

18. (a) Signature of funeral director S. Schorer

(b) Address Pattonburg, Mo.

19. (a) 12-25-40 (b) S. Schorer
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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. *2857*

P. O. Address *Pattonsburg N*

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.