S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1978

Registration District No. 96 Primary Registration District No. 4068 Registrar's No. 3

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

**1. PLACE OF DEATH:**
(a) County Caldwell
(b) City or town Hamilton Mo.
(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 (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DEASCED:** 13
(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. ^
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CELIA-ANN-GENTRY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 24 (Day) 1860 (Year)
8. AGE: Years 80 Months 9 Days 26 If less than one day hr. min.
9. Birthplace Clinton Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Emsley Cooper
13. Birthplace N Carolina (City, town, or county) (State or foreign country)
14. Maiden name Annie Piercy
15. Birthplace N Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Albert Geikle
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Ridge
18. (a) Signature of funeral director G. R. Houghlin
(b) Address Hamilton Mo.
19. (a) Jan 22 1941 (Date received local registrar) (b) Marle Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 20 year 1941 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 17, 1941, to Jan 20, 1941; that I last saw her alive on Jan 20, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia both lungs | |
| Due to | |
| Due to | |
| 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? NO
While at work? (Specify type of place) (e) Means of injury
23. Signature Lee J Eads (M. D. ~~coroner~~) D
Address Hamilton Mo Date signed 1-22-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 G. P. Houghton, Registered Apprentice No. ..... working under my personal supervision.

Signed G. P. Houghton

Licensed Embalmer No. 3854

P. O. Address Hamilton Ma.

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

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