

BUREAU OF VITAL STATISTICS
FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3711

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 6

1. PLACE OF DEATH

(a) County Jeremi
(b) City or town Rural Hayti, 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 1
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Clinton
(c) City or town Rural Hayti
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour 4 minute ca. M.
21. I hereby certify that I attended the deceased from Jan 4
1941 to Jan 9, 1941
that I last saw her alive on Jan 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3 day
Duration

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?
At home
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Asst. Reg. No. 6 (M. D. or other) 1941
Address Hayti, Mo. Date signed 1-9-41

3. (a) PRINT FULL NAME Bessie Marie Gentry
8. (b) If veteran. yes name war _____
8. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Rural Hayti, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name Richard Gentry
13. Birthplace Barton, Miss.
(City, town or county) (State or foreign country)
14. Maiden name Josephine
15. Birthplace McNary Co., Tenn.
(City, town or county) (State or foreign country)

16. (a) Informant Richard Gentry
(b) Address Hayti, Mo.

17. (a) Removal (b) Date thereof 1 10 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oliver Co. Tenn.

18. (a) Signature of funeral director Walter Ray
(b) Address Hayti, Mo.

19. (a) 1/9/41 (b) Pearl Kelley
(Dated received local registrar) (Registrar's signature)

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

2-41-78

107

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3711

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 653

Primary Registration District No. 5864

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti, 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)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

Bessie Marie Gentry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

9

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Acute Pneumococci

Due to _____
Other conditions NONE
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. G. Shire (M. D. or other) _____
Address Hayti, Mo. Date signed 4-10-41

SUPPLEMENTAL RECORD

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

