

Registration District No. 89

Primary Registration District No. 5131

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Butler, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wendell H. Butler Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Butler, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gary Lavern Brent

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 28 1938
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Child

11. Industry or business _____

MOTHER FATHER

12. Name Bern Brent

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

14. Maiden name Alta Osborn

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

16. (a) Informant Alta Osborn Brent

(b) Address Butler, Mo

17. (a) Burial (b) Date thereof 6-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Cemetery

18. (a) Signature of funeral director James J. Campbell
(b) Address Campbell, Missouri

19. (a) 6/4/42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1942 hour _____ minute 11:50 A. M.

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

Immediate cause of death _____
gunshot wound in right side of chest

Due to accidental discharge of gun by brother, Jimmie Brent, age 7 yrs

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy NONE

Duration _____
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) Accident

(b) Date of occurrence 6-1-42

(c) Where did injury occur? Quin, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? play (Specify type of place) (e) Means of injury: gunshot

23. Signature Alfred M. Green Osborn
Address Paplar Bluff Mo Date signed June 1-42

RECEIVED

District Health Office No. 2,

District File Number 642-789

Date Filed JUN 16 1942

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, fact should be so stated above.