

S. No. 2
DM-8-43
v. 5-17-39
PI X37823

FILED JAN 12 1915

Primary Registration District No. 3617

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At home.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community All of life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville
(If outside city or town limits, write "RURAL") 2

(d) Street No. 812 Sixth St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ida Elizabeth Gentry.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1944 hour 4 minute 30 a.m.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Herschel Gentry

6. (c) Age of husband or wife if alive ?? years 23 years 1874

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

21. I hereby certify that I attended the deceased from June 7 1944 to Nov 30 1944
that I last saw h.e.l. alive on Nov 29 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 8
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Stomach
(May be diagnosis by Dr. W. Weber, K.E. Mo.)
Duration 9 mo.

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

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife.

Major findings: None
Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business At home.

12. Name Christian Muntzel

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

14. Maiden name Lavinia Meyer

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

16. (a) Informant Miss Lutie Gentry.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Dec. 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

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? _____

18. (a) Signature of funeral director Goodman & Bollen

(b) Address Boonville, Mo.

19. (a) Dec-5-44 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

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

23. Signature W. W. Wynn (M. D. or other) M.D.
Address Boonville, Mo. Date signed 12/2/44

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

27
g

MOTHER FATHER

1888

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-45

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 J. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville Mo

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.