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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26423

FILED SEP 1 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3514

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1016 Virginia /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 40 years (years, months or days))

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1016 Virginia 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY WINSTON SMITH GENTRY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 10 (Month) 1880 (Day) (Year)

8. AGE: Years 65 Months 3 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Katie
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Willis Gentry
(b) Address 1016 Virginia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 8-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1945 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 8-12-45, 19..., to 8-15, 1945 that I last saw her alive on August 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & myocardial degeneration

Due to

Due to

Other conditions 93 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Donald L. Ferguson (M. D. ~~or other~~)

Address 121A Vine St Date signed 8/21/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ferguson - 1214 Vine

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 H. J. Menlove

Licensed Embalmer No. 3994

P. O. Address 3503 Highland

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.