

FILED AUG 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Osawatomie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Osawatomie  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1407 36th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lilly Belle 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 Married  
6. (b) Name of husband or wife Joseph Edgar Gentry 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased June 18 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James W. Proctor  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Estine Lytton  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Gentry

(b) Address Osawatomie, Mo.

17. (a) Burial (b) Date thereof June 27, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Edgewood, Osawatomie, Mo.

19. (a) 6/29/45 (b) Dr. E. M. Tucker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1945 hour 7 minute - P. M.

21. I hereby certify that I attended the deceased from June 15  
1945 to June 24 1945  
that I last saw her alive on June 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chr nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1316

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 3

23. Signature Dr. E. M. Tucker (M. D. or other) \_\_\_\_\_

Address 1000 Edgewood, Osawatomie, Mo. Date signed 6-29-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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

*Jack W. Johnson*

Licensed Embalmer No. *4110*

P. O. Address *Hannibal, 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.**