. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1946

15778

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 582

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hosp #2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 4 mo 8 da (Specify whether In this community 2 yrs.4 mo.8 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 11

(c) City or town KC. 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2525 College 7 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Herbert Lorenza Gentry

3. (b) If veteran, name war none

3. (c) Social Security No. not stated

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced div. 3

6. (b) Name of husband or wife Mildred Teale

6. (c) Age of husband or wife if alive not stated years

7. Birth date of deceased Nov (Month) 10 (Day) 1905 (Year)

8. AGE:	Years	Months	Days	If less than one day
*	40	6	19	hr. min.

9. Birthplace Texas Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Ering Gentry 0
13. Birthplace ---- Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Britha Smith
15. Birthplace ------ Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Britha Gentry

(b) Address 2525 College KC. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn - KC. Mo

19. (a) May 20-1946 (Date received local registrar) (b) A J Westlebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour 1 50 minute a M.

21. I hereby certify that I attended the deceased from 2/19, 1946, to 5/19, 1946; that I last saw him alive on 5/16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 yr
Due to Syphilis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 30 yr

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

23. Signature L. X. Shuck (M. D. or other) MD.

Address State Hospital St. Joseph Date signed 5/19/46

(Licensed Embalmer's Statement on Reverse Side)

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.....Joe B. Yoder.....

Licensed Embalmer No.....4173.....

P. O. Address.....918 Brooklyn

KC. 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.