

FILED JAN 13 1947

5467

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **11**

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:
K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **17 hrs.** **0**
 In this community **30 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1224 Washington**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country. **11**

3. (a) PRINT FULL NAME **Bert C. Gentry**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **487-03-5733**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **27th**
 year **1946** hour **8** minute **20 P.** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **12 13 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
12-27-46, 19, to **12-27-46**, 19;
 that I last saw him alive on **12-27-46**, 19;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	60-	0	24	hr. min.

Immediate cause of death
**Cirrhosis of liver with
 rupture of esophageal varices**

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

Due to.....
 Due to.....

10. Usual occupation **Ironworker**

Other conditions.
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name **John B. Gentry**
 13. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Bell Baker**
 15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

Major findings:
 - Of operations: **1245**

16. (a) Informant **Mrs. Carl E. Losh**
 (b) Address **310 West 12th. St.**
 17. (a) **Burial** (b) Date thereof **12-30-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

Of autopsy **See above**

(c) Place: burial or cremation **Mt. Washington**
 18. (a) Signature of funeral director **Mrs. C. L. Forster**
 (b) Address **Kansas City Missouri**
 19. (a) **12-30-46** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **0**
 23. Signature **W. J. Ward** (M. D. or other)
 Address **Med. Dir. K.C. Gen. Hospital** Date **12-28-46**

MOTHER FATHER

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

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..... *Orlando J. ...*

Licensed Embalmer No. *3414*

P. O. Address..... *918 ...*

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.