

No. 2
 5-43
 5-17-39
 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7789**
 Registrar's No. **28**

FILED APR 4 1947

Registration District No. **11** Primary Registration District No. **5041**

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Charles J. Gentry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 20, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 27 _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER, FATHER
 { 12. Name unknown
 { 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 { 14. Maiden name unknown
 { 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Gentry

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 1-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luncey Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) March 20 1947 Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 17th
 year 1947 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1947 to Jan. 10, 1947
 that I last saw him alive on Jan. 10, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____
 Due to _____

Other conditions 83A
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? _____

23. Signature Glenn H. Salzer (M. D. MD)
 Address Cassville, Mo Date signed _____
While at work (Specify type of place) (b) Means of injury

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RECEIVED

District Health Officer No. 6,

District File Number 447-386

Date Filed APR 2 1947

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 Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.