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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27351

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 706

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 568 West Brower
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether
In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 568 West Brower Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LIZETTA JULIA GENTRY
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Gentry
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March (Month) 24, (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68	4	10	hr. min.

9. Birthplace Caruthersville, (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Stephen H. Cole
13. Birthplace Unknown (City, town, or county) (State or foreign country) U
MOTHER
14. Maiden name Nancey L. Cunningham
15. Birthplace Unknown (City, town, or county) (State or foreign country) U
16. (a) Informant Charles Gentry (Husband
(b) Address 568 West Brower, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/ 6/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 8-8-47 (Date received local registrar) (b) M E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4, year 1947 hour 5: minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan., '47, 19..., to 8/4/47, 19...; that I last saw her alive on 8/4/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. B. Lemmon (M. D. or other) MD
Address 600 Medical Arts Blg Date signed 8/6/47
Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 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 Frank S Coffman Jr, Registered Apprentice No. 16, working under my personal supervision.

Signed Howell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.