

REC'D OCT 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31915
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll 1 Registration District No. 135
(b) Township Carrollton Primary Registration District No. 5188 Registered No. 92
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mitilda Rosanna Gentry 5' St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt Gentry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1852
7. AGE YEARS MONTHS DAYS' If LESS than 1 day, hrs. or min.
85 8 28

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1st 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1938 to Sept. 1st, 1938
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance were as follows:
Enterocolitis Date of onset 8/24/38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.
13. NAME Thomas Standley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Sarah A Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Robt Gentry Carrollton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Beaty Cr. DATE Sept 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Standley's Carrollton Mo.
20. FILED 9-3 1938 Arthur Haskins Local Registrar

Other contributory causes of importance: 170/2
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify W.G. Atwood, M. D.
(Signed) Carrollton, Mo (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
DISTRICT HEALTH OFFICER
COUNTY OF CARROLLTON

1968

12/17/38

1968

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10/17/38

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,

Ben W. Gibson

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address

Carrollton, W.

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, above space should be left blank.