No. 2
1-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14396

Registration District No. 297 · Primary Registration District No. 6021 · Registrar's No. 5

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural Grape Grove Twp (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) In this community

2. USUAL RESIDENCE OF DECEASED: 19
(a) State MISSOURI (b) County RAY 0
(c) City or town REGAL (If outside city or town limits, write "RURAL") RURAL 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? NATIVE years.

3. (a) PRINT FULL NAME Cora Ellen Gentry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John S. Gentry 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 11 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	8	hr. min.

9. Birthplace Hart Co (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business 0
MOTHER
12. Name Christopher M. Dixon
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Elsie Catherine Courtney
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Grace M. Gorham
(b) Address Star Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Dearborn Cemetery
18. (a) Signature of funeral director John W. Kuhnhenn
(b) Address Norborne Mo
19. (a) Apr 19 1945 (Date received local registrar) (b) Miss Thurl Shepherd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 19 year 1945 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from NOV. 15, 1944 to APRIL 19, 1945 that I last saw her alive on APRIL 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEMIPLEGIA	2 DAYS
Due to CHR. MITRAL INSF.	2 YRS
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 C. L. Woolsey (M. D. or other) M D
Address BRAYMER, MO Date signed 4/19/45

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/12/45

APR 26 1949

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John W. Kirschschild

Licensed Embalmer No. 2789

P. O. Address Hardin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.