

Registration District No. 135

Primary Registration District No. 5188

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton, Miss.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Entire life
years, months or days

3. (a) PRINT FULL NAME Robt J Gentry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Matilda S Gentry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 4 or _____ min.

9. Birthplace Carroll Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wesley Gentry

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Nancy Harper

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wesley Gentry

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 12-10-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Depty Cem

18. (a) Signature of funeral director W. S. Newwood
(b) Address Carrollton Mo

19. (a) 12-9-39 (b) W. S. Newwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1939 hour 1 minute 40 A.

21. I hereby certify that I attended the deceased from 11-18-39
_____, 19____, to 12-8, 1939

that I last saw him alive on 12-8, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhoea due to food Duration 21 days

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

17. W. S. Newwood (M. D. or other) _____

18. Carrollton Mo Date signed 12/9/39

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

MO-51739 I X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1/19/40
Lice Number
RECEIVED
District Health Officer No. 8,

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Ga

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.