

REC'D APR 5 1938

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

11046  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Jasper Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
(c) City Carthage (d) Street No. M. C. Lane - Brooks Hospital St. \_\_\_\_\_  
(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 14 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arroy Wilson Gundiff 531

(a) Residence, No. 517th & Grant Streets 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

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Gundiff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 2 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paper Hanger and Painter  
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) Litchfield Illinois

FATHER 13. NAME Burrell Gundiff

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Sarah Knight

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. A. H. Gundiff Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Mar 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Knee Mortuary Carthage, Missouri

20. FILED Mar 12, 1938 W. M. Howard, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938 to March 11, 1938  
I last saw him alive on March 11, 1938 Death is said to have occurred on the date stated above, at 12:00 AM

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas with metastases to liver + throat abdomen Date of onset ?

Other contributory causes of importance: Pulmonary edema

Name of operation None Date of 4/6  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 Russell Smith M. D.  
(Signed) Carthage, Mo.  
370 (Address)

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.

**STATEMENT BY LICENSED EMBALMER**

I, P. W. Knell, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed P. W. Knell

Licensed Embalmer No. 814

**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.)**