DEC 1 9 1938

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

39508
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper
(b) Township: Blevaal
(c) City: Oronogo
(d) Street No. ..... 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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 412
Primary Registration District No. 5570
Registered No. 7

2. PRINT FULL NAME James Casper Gunlock
(a) Residence, No. Route 1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Myrtle Gunlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1909

7. AGE: Years 28 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Newton County Missouri

FATHER
13. NAME: H. A. Gunlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren County Iowa

MOTHER
15. MAIDEN NAME: Lilly M. Massey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co. Illinois

17. INFORMANT: Mrs. Myrtle Gunlock
(ADDRESS) Route 1 - Oronogo, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Nov. 23, 1938

19. FUNERAL DIRECTOR: Kneel Mortuary
(ADDRESS) Carthage Mo

20. FILED 11/22, 1938 Charles E. Scafe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938, to Nov. 23, 1938
I last saw him alive on Nov. 21, 1938. Death is said to have occurred on the date stated above, at about 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure due to pulmonary circumscribed by pneumonia & emphysema of lower lobe of lungs

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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?
If so, specify
(Signed) W. B. Hogan, M. D.
(Address) Duck City Mo

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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 Myself

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.)