

1939 APR 11 1939

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

11606
Do not use this space.

1. PLACE OF DEATH

(a) County MONTEAU 2 Registration District No. 577
(b) Township Pilot Grove 1 Primary Registration District No. 5775
(c) City (d) Street No. St.
(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. 116 Prickles G. Guanter Barber 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 <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas H. Barber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28-1860</u>		
7. AGE <u>78</u>	YEARS <u>11</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>		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) <u>MONTEAU COUNTY MISSOURI</u>		
13. NAME <u>Thomas A. Guanter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden County MISSOURI</u>		
15. MAIDEN NAME <u>Scott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County MISSOURI</u>		
17. INFORMANT (ADDRESS) <u>Thomas H. Barber LATHEM, MO - R-1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cushing Okla</u> DATE <u>Mar 13 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. F. Kidwell VERSAILLES MO</u>		
20. FILED <u>3-13 39</u> <u>Madine Lathan</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 12 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939, to March 12 1939
I last saw her alive on March 11 1939. Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:
arterio-sclerosis with hypertensive effusion of heart & exhaustion
Date of onset 1231

Other contributory causes of importance:
Chronic infection and chronic nephropathy
R. Kestner

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) J. J. Guanter Jr., M. D.
(Address) Cushing, Okla

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Gene Bartram

or by _____

Registered Apprentice No. _____, working under my personal supervision

Signed _____

Gene Bartram

Licensed Embalmer No. _____

4021

P. O. Address _____

Versailles, Mo

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.