

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

DEC 15 1939

39626  
Do not use this space.

**1. PLACE OF DEATH**

(a) County GREENE Registration District No. 318  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 847  
 (c) City SPRINGFIELD (d) Street No. St. Johnn Hosp. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mrs. Ida Gugel

(a) Residence, No. Route # 4 Springfield Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, give county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Gugel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Stockholm  
 (STATE OR COUNTRY) Sweden 7

FATHER 13. NAME Henry Linholm

14. BIRTHPLACE (CITY OR TOWN) Sweden 7  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown 7

16. BIRTHPLACE (CITY OR TOWN) Sweden  
 (STATE OR COUNTRY)

17. INFORMANT Edith Gugel  
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenlawn DATE Nov. 24 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer  
 (ADDRESS) Springfield, Mo.

20. FILED 11-24 1939 Chas. A. Grogan M.D.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1939 to Nov 22 1939  
 I last saw her alive on Nov 22 1939 Death is said to have occurred on the date stated above, at 11a.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11-19-39  
 Other contributory causes of importance: 105

Name of operation none Date of none  
 What test confirmed diagnosis? Post-mortem Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury none, 1939  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify none  
 (Signed) E. E. Glynn, M. D.

(Address) Springfield Mo.

**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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.**

X