

FILED JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41965**
Registrar's No. **399**

Registration District No. **89**

Primary Registration District No. **3007**

I. PLACE OF DEATH

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 484 Apple street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Jim Gunter

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months -- Days -- If less than one day hr. _____ min.

9. Birthplace Columbus, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Odd jobs

11. Industry or business self

12. Name Karter Gunter

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

14. Maiden name Abbey

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

16. (a) Informant Mrs Callet Hayes
(b) Address 1304 Garfield, P.B. Missouri

17. (a) Burial (b) Date thereof Jan. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer-Croy Funeral Service
(b) Address Poplar Bluff, Missouri

19. (a) 1/7/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 484 Apple Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1940 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from Dec 1
1940 to Dec 30, 1940
that I last saw him alive on Dec 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 mo

Due to Hypertension and arteriosclerosis

Due to 17 1/2

Other conditions 17 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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)
(a) Means of injury _____

23. Signature A. D. Brooker, M.D. (M. D. or other)
Address Poplar Bluff Date signed 1-7-41

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

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 *B. J. Brendeniger*
Licensed Embalmer No. *4701*
P. O. Address. *Caplan Bluff*

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.