

13-40
7-39
X23159

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(c) Name of hospital or institution ST. JOHNS Hospital
(d) Length of stay: In hospital or institution 2 MONTHS
In this community 51 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(d) Street No. 608 N. MAIN
(e) If foreign born, how long in U. S. A.? GERMANY 70 YRS.

3. (a) PRINT FULL NAME EMELIE GUENGERICH
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 31
year 1941 hour 10 minute 30 A.M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased AUGUST 17 1854

21. I hereby certify that I attended the deceased from 3-31 1941 to 5-20 1941
that I last saw him alive on 5-30 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 9 Days 14 If less than one day hr. min.

Immediate cause of death apoplexy
Duration 3-31-41

9. Birthplace BRAUNFELT GERMANY

Due to
Due to
Other conditions Availability
Major findings: Of operations
Of autopsy

10. Usual occupation HOUSEWIFE
11. Industry or business SAME

MOTHER FATHER {
12. Name DANIEL KENNEL
13. Birthplace GERMANY
14. Maiden name MARIA GUENGERICH
15. Birthplace GERMANY

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Guengerich
(b) Address 608 N. Main St.
17. (a) Burial (b) Date thereof 6-3-41
(c) Place: burial or cremation FAIRVIEW

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 5-31-41 (b) Ed Guengerich

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23. Signature (M. D. or other)
Address Joplin Mo. Date signed 5-31-41

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 *Sam E. Senseney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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, fact should be so stated above.