

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25414

State File No. \_\_\_\_\_

Registration District No. 460 Primary Registration District No. 5623 Registrar's No. 32

1. PLACE OF DEATH:  
(a) County Lafayette  
(b) City or town Dover, Mo.  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community William Kingo Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Lafayette  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 mi. E. Dover, Mo. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William M Kingo Guenther  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 18  
year 1941 hour 6 minute 30 P. M.  
21. I hereby certify that I attended the deceased from January 15,  
19 41 to July 18, 19 41  
that I last saw him alive on July 18, 19 41  
and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Bessie May Epper 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased 07/25 - 1899  
(Month) (Day) (Year)

Immediate cause of death cardio-vascular-renal disease Duration 2 yrs.

8. AGE: Years 50 Months 9 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Brazito, Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation farmer

Major findings: no operation  
Of operations \_\_\_\_\_  
Of autopsy no autopsy

11. Industry or business \_\_\_\_\_  
12. Name William Guenther  
13. Birthplace Bailers Mill, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Arnold  
15. Birthplace Brazito, Mo  
(City, town, or county) (State or foreign country)

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) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Bessie Guenther  
(b) Address Corder, Mo  
17. (a) Rural (b) Date thereof 7/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Waverly, Mo

23. Signature Geo. A. Kelling, M.D. (M. D. or other) M.D.  
Address Waverly, Mo. Date signed 7/21/41

18. (a) Signature of funeral director Wm. J. G. ...  
(b) Address Luxington, Mo  
19. (a) July 21-41 (b) Wm. J. G. ...  
(Date reported local registrar) (Registrar's signature)

415 (Licensed Embalmer's Statement on Reverse Side)

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

4000

JUL 30 1941

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..... *Forrest Temple*

Licensed Embalmer No. *3275*

P. O. Address..... *Lynchburg, Va.*

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.