DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26050

Registration District No. 33 Primary Registration District No. 6024B. Registrar's No. 8

1. PLACE OF DEATH:

(a) County ST. FRANCIS SP. Randolph Twp

(b) City or town Leadwood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. FRANCIS SP 94

(c) City or town Leadwood (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARGARET ANGELINA GUNNETT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMANUEL GUNNETT 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased APRIL (Month) 3 (Day) 1869 (Year)

8. AGE: Years 72 Months 34 Days 14 15 If less than one day hr. min.

9. Birthplace DENT COUNTY (City, town, or county) OMO. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name MOSBY BESS
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name EMMLINE JUNE HARGROVE
15. Birthplace (City, town, or county) OMO. (State or foreign country)

16. (a) Informant's own signature E E Gunnett
(b) Address Leadwood Mo

17. (a) RURAL (Burial, cremation, or removal) (b) Date thereof 7/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director J. S. Boyer & Son
(b) Address Leadwood, Mo

19. (a) 7-19-41 (Date received local registrar) (b) W E Aubuchon 701 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1941 hour 8:30 A.M. minute M.

21. I hereby certify that I attended the deceased from July 14, 1941 to July 17, 1941 that I last saw her alive on July 17, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	3 day
Due to arteriosclerotic Cardio vascular disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John W Hurd (M. D. or other) 0
Address Leadwood Date signed 7/18/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 8-17-39 1 X19511

1941 - 7 - 17
1869 - 4 - 3
Yr 78 - 3 - 14

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 Clyde Mayhenney, Registered Apprentice No. 279 working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.