S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17364

FILED JUN 22 1942

Registration District No. 73 Primary Registration District No. 3006-5178 Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County BOONE

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

(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARTHA ANN HOMESLY GUNN

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex FEMALE /

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GUNN

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased AUGUST 15th 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	9	13	hr. min.

9. Birthplace / Tenne ssee
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Puckett /
13. Birthplace Tenn /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Reeves /
15. Birthplace Tenn /
(City, town, or county) (State or foreign country)

16. (a) Informant Anderton

(b) Address

17. (a) Burial (b) Date thereof May 30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director R Burnett

(b) Address Columbia

19. (a) 5-29-42 (b) Edna H Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 5-10-, 1942 to 5-28-, 1942 that I last saw her alive on 5-13-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Serial yrs.

Due to Age 93d

Due to

Other conditions Sum invalid some years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

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) No

(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? No
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. P. Dyson (M. D. or other) M.D.

Address Columbia Mo Date signed 5-29-42

1250

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Me

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.