

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 528 Main St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

William Gunton

3. (b) If veteran, name war. No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Julia Gunton  
6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 30 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 14  
If less than one day hr. min.

9. Birthplace London England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employee

11. Industry or business Peet Bros. Soap Factory

12. Name Richard Gunton

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hopkins

15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Turner

(b) Address 6970 Bancroft, St. Louis, Mo.

17. (a) Burial (b) Date thereof 7-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 7-17-42 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1942 hour 6:05 P. Minute M.

21. I hereby certify that I attended the deceased from 7-10-42 to 7-14-42  
that I last saw h. alive on 7-14-42  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation and Malnutrition

Due to 95c

Due to

Other conditions: (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 Dr. R. Show (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed 7-17-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

HP

**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 Cecil R. Matthes  
Licensed Embalmer No. 3807  
P. O. Address Kansas City, 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.**