S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30327

Registration District No. 120 — Primary Registration District No. 5446 — Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Gentry — Cooper Twp
(b) City or town: Clyde Mo
(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 years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Gentry
(c) City or town: Clyde (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JOSEPH J. GINTHER
3. (b) If veteran, name war: ✓
3. (c) Social Security No. none
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hattie
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: 4 (Month) 27 (Day) 1873 (Year)

8. AGE: Years ~~69~~ 69 Months 4 Days 2 If less than one day hr. min.

9. Birthplace: Conception (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: Chas Gunther
13. Birthplace: Conception (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name: Dora Krause
15. Birthplace: ✓ (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Edward Ginther
(b) Address: Clyde Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 31 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Conception Mo
18. (a) Signature of funeral director: Rogelio A Phillips
(b) Address: Conception Mo
19. (a) 8/30/42 (Date received local registrar) (b) Homer N. Miller (Registrar's signature)
Jessie M. Miller (Licensed Undertaker's Statement on Reverse Side)
1108

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29 year 1942 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 12, 1942 to Aug 29, 1942 that I last saw him alive on Aug 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Parkinsons disease — Duration —
Due to:
Due to:
Other conditions: Chr. prostatic Carcinoma
(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: 0
23. Signature: J. M. Bagley (M. D. or other)
Address: Maryville Mo Date signed 8-30-42

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 Valory H. Phillips

Licensed Embalmer No. 1898

P.O. Address Stanberry 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.