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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36665

State File No.

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 Miles S.E. Ashland Boone Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Born (Specify whether
In this community: All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles S.E. Ashland, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: James David Gumwalt
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Carol B. Gumwalt
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 12 (Month) 30 (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 25 If less than one day hr. min.

9. Birthplace: Boone (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER
12. Name: A. B. Gumwalt
13. Birthplace: Boone (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Spry
15. Birthplace: Boone (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: O. B. Gumwalt
(b) Address: Ashland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion
18. (a) Signature of funeral director: Wm. B. Burnett
(b) Address: Ashland, Mo.
19. (a) Dec. 2, 1942 (Date received local registrar) (b) Mrs. Alice Estes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1942 hour 2 minute a. M.
21. I hereby certify that I attended the deceased from Nov 1, 1942 to Nov 10, 1942 that I last saw him alive on Nov 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: cardiac insufficiency — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 920
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: H. B. Bryson (M. D. or other)
Address: Ashland Mo Date signed 11-12-42

12 : 1

(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, or by Me

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

working under my personal supervision.

Signed Wm L. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland 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.