

FILED APR 7 1943

Registration District No. 104

Primary Registration District No. 5601

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Johnson (Rural)

(b) City or town Warrensburg Rural Warrensburg

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community 81 yrs - (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg Rural Warrensburg

(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME John William Gunser

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color of race white

6. (a) Single, widowed, married, divorced, or single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sep - 11 - 1861

8. AGE:	Years	Months	Days	If less than one day
	81	5	19	hr. min.

9. Birthplace Johnson Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fredrick Gunser

13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

14. Maiden name Margaret Macke

15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Gunser

(b) Address Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hills

18. (a) Signature of funeral director Sweeney Phillip

(b) Address Warrensburg Mo.

19. (a) Mar. 13 1943 (Date received local registrar) (b) Lewis M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from March 2, 1943, to March 10, 1943 that I last saw him alive on March 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

~~Influenzal pneumonia~~

Other conditions _____

(Include pregnancy within 3 months of death)

Due to _____

Major findings: Of operations _____

Of autopsy _____

Duration 2 days

8 days

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? _____

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

23. Signature Othman M.D. (M. D. or other)

Address Warrensburg Mo. Date signed 3-13-43

1001

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-5-43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.