

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21084

State File No.

FILED JUL 9 1943
Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 95

1. PLACE OF DEATH:
 (a) County CEDAR
 (b) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXX
(Specify whether years, months or days) XX

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

3. (a) PRINT FULL NAME Sarah Elizabeth Gunier
 3. (b) If veteran, name war no
 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month May day 18
 year 1943 hour 8 minute P.M.
 21. I hereby certify that I attended the deceased from 4-30 1943 to 5-5 1943
 that I last saw her alive on 5-5 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife C. H. Gunier
 6. (c) Age of husband or wife if alive XXX years
 7. Birth date of deceased Jan. 12, 1851
(Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency w/hs
 Due to
 Due to

8. AGE: Years Months Days If less than one day
92 4 6 XXXXXXX min.

Other conditions (Include pregnancy within 3 months of death) 9282
 Major findings: Of operations
 Of autopsy

9. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business XX

12. Name Samuel Graves

13. Birthplace Stockton, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Samsel

15. Birthplace Dunnegan, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Clark
 (b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof May 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stockton Cemetary

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 1
 23. Signature Wm B Richter (M. D. or other)
 Address Stockton, Mo. Date signed 7/14/43

18. (a) Signature of funeral director CHURCH AND NEALE
 (b) Address STOCKTON, MISSOURI
 19. (a) 6-29-43 (b) Miss Ethel Church
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

1293 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 1-43-607

Date Filed 7-5-43

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 O. H. Neale
Licensed Embalmer No. 3335

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.