

No. 2
13-40
17-39
K23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3856

State File No. _____

Registration District No. 271

Primary Registration District No. 5944400

Registrar's No. _____

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

1. PLACE OF DEATH: Pennsacott
 (a) County Pennsacott
 (b) City or town Brazos City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78
 (a) State Tex (b) County Pennsacott
 (c) City or town Brazos City
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rachel Beth Gurner
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2
 year 1944 hour 7 minute 30 M.

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Robert G. Gurner Dec 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 20 1973
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 31, 1943, to Jan 2, 1944.
 that I last saw her alive on Jan 2, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 52 If less than one day hr. _____ min.

Immediate cause of death Cerebral Apoplexy
 Due to Arterial Sclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Jeff Bell
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Helena
 15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
830

16. (a) Informant Cherene Gurner
 (b) Address Brazos City
 17. (a) BURIAL (b) Date thereof 7-3-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Home
 18. (a) Signature of funeral director Lindsey Campbell
 (b) Address _____
 19. (a) 1-9-1944 (b) J. Johnson
 (Date received local registrar) (Registrar's signature)

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 W. F. Johnson (M. D. or other) _____
 Address Widow Date signed 1-7-44

57 Mrs J. P. Gurner Statement on Reverse Side

12-43-352

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.....

.....
working under my personal supervision.

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

Signed.....

Christina M. Landes

Licensed Embalmer No. *4227*

P. O. Address.....

Campbell, M

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.