

No. 2  
-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10544

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 115

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(c) Name of hospital or institution: 302 Jefferson St  
(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)

3. (a) PRINT FULL NAME Charley Gunn  
3. (b) If veteran, name war  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced 3 divorced  
6. (b) Name of husband or wife Maggie  
6. (c) Age of husband or wife if alive 1869 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 75 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Speed Gunn

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

14. Maiden name D.K. (City, town, county) (State or foreign country)

15. Birthplace D.K. (City, town, county) (State or foreign country)

16. (a) In care of Mrs. Callie Craig (City, town, county) (State or foreign country)

(b) Address 321 N. Compton St. Fulton, Mo

17. (a) Burial or cremation Burial (b) Date thereof Feb 2-44 (Month) (Day) (Year)

(c) Place of burial or cremation Beside Mrs. Fulton, Mo

18. (a) Signature of funeral director Elise Sell  
(b) Address Fulton, Mo

19. (a) Date received local registrar April 2 1944 (b) Registrar's signature Joann Morrison

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri County Callaway  
(c) City or town Fulton  
(d) Street No. 302 Jefferson St 2  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 31  
year 1944 hour 4 minutes 20 P. M.  
21. I hereby certify that I attended the deceased from 2-1-44 19 to 3-10 1944  
that I last saw him alive on 3-10-44 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation 3 mo.  
Duration

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) 9502

PHYSICIAN  
Major findings: Of operations none  
Of autopsy none  
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) (c) Means of injury

23. Signature John J. Brown (M. D. or other)  
Address Fulton Mo. Date signed 2-1-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-7-44

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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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton 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.