V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25193

Registration District No. 71

Primary Registration District No. 3044

Registrar's No. 40

66

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)

(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 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AGNES GUNTER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife PERRY D. GUNTER

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

7. Birth date of deceased Oct. (Month) 7 (Day) 1864 (Year)

8. AGE: Years 79 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Benton, Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name LEVI DUTCHER
13. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name JANE KELSAY
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant L. H. Gunter
(b) Address Eldon, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Louis D. Phelps
(b) Address Eldon Mo.

19. (a) 8-2-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1944 hour 10 minute 20 a. M.

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

Immediate cause of death Pulmonary Edema

Due to Parenchymatous Nephritis + Cardiac Hypertrophy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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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 [signature] (M. D. or other) MD
Address Eldon Mo. Date signed 8/1/44

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't
County File Number 44-67
Filed 7-5-44

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 Lewis D Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Lewis D Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.