S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34561

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(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 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. Hamilton & Mitchell St. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME CHARLES A. GUENTHER
3. (b) If veteran, name war
3. (c) Social Security No. 494-14-2707

4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Lora King Guenther
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased February (Month) 21 (Day) 1879 (Year)

8. AGE: Years 65 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Higginsville (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Barber
11. Industry or business
MOTHER FATHER
12. Name C. C. Guenther
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Mueller
15. Birthplace Newark (City, town, or county) New Jersey (State or foreign country)
16. (a) Informant Mrs. Buck Williamson
(b) Address Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Blackburn Mo
18. (a) Signature of funeral director W. Wilcox
(b) Address Warrensburg Mo
19. (a) Oct. 31, 1944 (Date received local registrar) (b) Lola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 20 year 1944 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 18 Oct 20 1944 to Oct 20 1944; that I last saw alive on Oct 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Lobar	2 days
Due to	
Due to 83d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature John A. Moreau (M. D. or other)
Address Warrensburg Date signed 10/31

1011

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1944

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 myself

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

working under my personal supervision.

Signed Samuel B. McClaney

Licensed Embalmer No. 355 P

P. O. Address Waynesburg Pa

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.