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37636

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 69

FILED NOV 20 1944
Registration District No. 124

Primary Registration District No. 5414

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

4
0
0

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Washington Mo
(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 _____ (Specify whether)
In this community Several years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane Gunnels

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. IV. Gunnels 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 18, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 8
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Boone Johnston

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

14. Maiden name Johnson

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

16. (a) Informant Ahas Gunnels

(b) Address R. 3, Ava Mo.

17. (a) Burial (b) Date thereof 8-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope Church

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 9-1-1944 (b) Lula Spaulock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1944 hour 2 minute 12 A.M.

21. I hereby certify that I attended the deceased from Aug 20
1944 to Aug 26 1944
that I last saw her alive on Aug 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy liver

Due to _____

Due to H6f

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

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature J L Gunnels (M. D. or other) _____

Address Ava Mo Date signed 8-22-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number

1144-1179

Date Filed

NOV 17 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. B. Hutchison*.....

Licensed Embalmer No. *3431*.....

P. O. Address..... *Overland*.....

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.