

No. 2  
-5-43  
5-17-39  
I X38671

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF THE CENSUS  
**FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH**

33669

State File No. \_\_\_\_\_

Registration District No. 103

Primary Registration District No. 5417

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo. R 1  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME PUTH. ELZIMA. GONTER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Feb. 9. 1915  
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 1

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrisonville Mo \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Ed. Meredith

13. Birthplace Mo \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Johnson

15. Birthplace Linnisse \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Gunter

(b) Address Kennett Mo R 1

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville cemetery

18. (a) Signature of funeral director W.T. Emerick

(b) Address Harrisonville Mo

19. (a) Oct 12. 1945 (b) Bertha Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Dunklin

(c) City or town Kennett R. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10  
year 1945 hour 3 minute 45 AM.

21. I hereby certify that I attended the deceased from Oct. 7  
1945, to Oct. 9 1945;  
that I last saw her alive on Oct. 9 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death 1:21 am 10/9

Due to Toxemia of Pregnancy

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 144w

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 \_\_\_\_\_

23. Signature S. S. Holloway or other OO

Address Harrisonville Mo Date signed 10/11/45

Duration 1da

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1045-7298

Date Filed 4/8-31-45

NOV 9 1945

JUN 18 1951

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. H. Howard

Licensed Embalmer No. 3959

P. O. Address Seabrook, N.J.

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.

Registration District No. (103)

Primary Registration District No. 5417

Registrar's No. 11

1. PLACE OF DEATH:  
 (a) County Dunklin  
 (b) City or town Kennett Precinct 1 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Ruth E. Lunter  
 3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced in  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 9 (Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name S. Ed Meredith

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

14. Maiden name Meredith

15. Birthplace Bertha Johnson Lamm (City, town, or county) (State or foreign country)

16. (a) Informant Jack Lunter

(b) Address Kennett Precinct 1

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)

(c) Place: burial or cremation Hammersville Cemetery

18. (a) Signature of funeral director W. T. Lammers

(b) Address Hammersville Mo.

19. (a) 10/17/1945 (b) Bertha Johnson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Dunklin  
 (c) City or town Kennett Precinct - 1 Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct Day 10 Year 1945 Hour 3 Minute 15 P.M.  
 21. I hereby certify that I attended the deceased from Oct 7 1945 to Oct 9 1945  
 that I last saw him live on Oct 9 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Asphyxia

Due to Asphyxia of Urgeancy  
 Due to \_\_\_\_\_  
 Other conditions Asphyxia  
 (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 \_\_\_\_\_

23. Signature S. S. Kaplanits (M. D. or other) D.O.  
 Address Hammersville Mo Date signed 10/17/45

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

SUPPLEMENTARY

MOTHER FATHER

Duration 1 day  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

33669