

FILED DEC 7 1945
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STANDARD CERTIFICATE OF DEATH

State File No. 36644

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1270

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1709 Howard St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Robert Gurn
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 29
 year 1945 hour 2 minute 10 p. M.

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

21. I hereby certify that I attended the deceased from Oct 18 1945 to Nov 28 1945
 that I last saw him alive on Nov 1 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death:
Carcinoma of Prostate Gland
 Due to _____
 Due to _____

9. Birthplace Lenton, England
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Meat Grader

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations None
 Of autopsy 51K

11. Industry or business _____
 12. Name George Gunn
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Amos
 15. Birthplace England
(City, town, or county) (State or foreign country)

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 injury)
 (e) Means of injury _____

16. (a) Informant Tetha Cohenour
 (b) Address 1980 Delmar St. St. Joseph, Mo.
 17. (a) Burial (b) Date thereof Dec. 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odd Fellows Cem.
 18. (a) Signature of funeral director [Signature]
 (b) Address 5025 King Hill Ave.
 19. (a) Dec 3-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 12/30/45

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

11
1
7

MOTHER FATHER

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

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..... *James Clark*

Licensed Embalmer No. *4228*

P. O. Address..... *St Joseph 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.