V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38393

FILED DEC 12 1945

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 219

1. PLACE OF DEATH:
(a) County St. Francois Co
(b) City or town Clevis, 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 years, months or days)
In this community years

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

3. (a) PRINT FULL NAME THOMAS A. GUNN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Willie Gunn
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb 20 1883 (Month) (Day) (Year)
8. AGE: Years 62 Months 8 Days 16 If less than one day hr. min.
9. Birthplace (City, town, or county) Ky (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Augustus Gunn
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Mildred L. Leach
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mrs. Walter Cook
(b) Address Desloge, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 11-14-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6. year 1945 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from — , 19..., to — , 19...;
that I last saw him alive on — , 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack: This man had been having trouble with heart prior to this time.
Due to Evidence from family all indicate this fact.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 950
Of autopsy autopsy not necessary

Duration

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 2
23. Signature Perl J. Miller (M. D. or other) Coroner
Address Farmington, Mo Date signed 11/7/45

1397 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1245 - 1438
Date Filed 12-10-45

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 W. A. Caldwell
Licensed Embalmer No. #3317
P. O. Address Flat River 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.