

FILED FEB 7 1946

Registration District No. **233** Primary Registration District No. **2074**

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

1. PLACE OF DEATH:
 (a) County **Scott**
 (b) City or town **Sikeston**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sikeston General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Scott**
 (c) City or town **Blodgett**
(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 **None**

3. (a) PRINT FULL NAME **William Alfred Gunter**
 3. (b) If veteran, name war ----- 3. (c) Social-Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **26th**
 year **1946** hour **6** minute **23 P** M.

4. Sex **M** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Gunter** 6. (c) Age of husband or wife **58** years
 7. Birth date of deceased **September 20th 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
 that I last saw him alive on **1/26/46**
 and that death occurred on the date and hour stated above.

8. AGE: Years **59** Months **4** Days **6**
 If less than one day _____ hr. _____ min.

Immediate cause of death
Pneumococcus meningitidis + Enter pneumonia
 Due to _____
 Due to _____

9. Birthplace **Scott Co. Mo.**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
 Major findings: **708**
 Of operations _____
 Of autopsy _____

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
 12. Name **William P. Gunter**
 13. Birthplace **Wayne Co. Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Hobbs**
 15. Birthplace **Wayne Co. Mo.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Edward Gunter**
 (b) Address **Lilbourn, Mo.**

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 _____

17. (a) **Burial** (b) Date thereof **1-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **John G. Annulac Jr**
 (b) Address **Charleston, Mo**

19. (a) **1-31-46** (b) **Mrs T.F. Henry**
(Date received local registrar) (Registrar's signature)

23. Signature **B. J. Hollister M.D.** (M. D. or other)
 Address **Lilbourn, Mo** Date signed **2/1/46**

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RECEIVED

District Health Office No. 2,
District File Number 246 - 183
Date Filed 2-6-46

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

John F. Munnell, Jr.

Licensed Embalmer No. 3851

P. O. Address

Charleston, 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.