

STANDARD CERTIFICATE OF DEATH

FILED APR 11 1946

State File No. 10195

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Morgan
(b) City or town: Rural, Versailles, Maleau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 45 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: GOTTLIEB GEORGE GUENTHER

3. (b) If veteran, name war: - 3. (c) Social Security No.:

4. Sex: Male 0 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louise S. Guenther 6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Oct. 9, 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 5 If less than one day hr. min.

9. Birthplace: Boylers Mills, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER { 12. Name: Fred Guenther 13. Birthplace: Germany (City, town, or county) (State or foreign country) 14. Maiden name: Theresea Frisch 15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Elmer E. Guenther (b) Address: Versailles, Missouri

17. (a) Burial (b) Date thereof: 3-17-46 (c) Place: burial or cremation: Versailles Cem

18. (a) Signature of funeral director: W. F. Caldwell (b) Address: Versailles, Missouri

19. (a) 4-3-46 (b) J. S. Washburn (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan 7/1
(c) City or town: Rural, Versailles (If outside city or town limits, write "RURAL")
(d) Street No.: RFD # 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 14 year: 1946 hour: 8-30 minute: P- M.

21. I hereby certify that I attended the deceased from Sept 8 - 1945 to Mar 14 - 1946 that I last saw him alive on Mar 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic degenerative heart disease

Due to:

Due to: arterial sclerosis

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

Major findings: Of operations: 97 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: A. J. [unclear] (M. D. or other) Address: Versailles, Mo Date signed: 3/15/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
Dist. No.

3-46-348
4-16-46

FEB 19 1947

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 Gene M. Sartan

Licensed Embalmer No. 4021

P. O. Address Per. S. H. S. 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.