S. No. 2
M—5-43
. 5-17-39
I X36671

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

14771

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15879

FILED MAY 23 1946

State File No. 164

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell (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 George Emmitt Gunter

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Elizabeth Gunter

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 20 (Day) 1872 (Year)

8. AGE: Years 74 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Cairo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business —

FATHER
12. Name H. E. Gunter
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Rose
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Gunter

(b) Address Campbell, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell Missouri

19. (a) 5/15/46 (Date received local registrar) (b) R H Minette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1946 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from 5 30/pm 5-8- 1946, to 9 50/am 5-10 1946 that I last saw him alive on 5-10-46 at 9 50/am 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to Arteriosclerotic heart disease

Due to General Arteriosclerosis

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

Major findings:
Of operations —
Of autopsy —

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 —

23. Signature Hardin O Henrickson (M. D. or other) M. D.

Address Poplar Bluff Mo Date signed 15 May 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 346-638
Date Filed 5-21-45

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 Christina M. Landeen

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.