

No. 21
1-4-41
17-39

FILED JUN 13 1946

Registration District No. 252

Primary Registration District No. 4381

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Hopkins
(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
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Hopkins (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Roy Gunn

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 Florence Gunn

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 27 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 29

If less than one day _____ hr. _____ min.

9. Birthplace St John's
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Lewis Gunn

Unknown

13. Birthplace Unknown
(City, town, or county)

Unknown
(State or foreign country)

14. Maiden name Unknown

Unknown

15. Birthplace Unknown
(City, town, or county)

Unknown
(State or foreign country)

16. (a) Informant Mrs Florence Gunn

(b) Address Hopkins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Janey Swanson

(b) Address Hopkins, Mo.

19. (a) 6-6-46 (Date received local registrar) (b) Res. Deplum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Mo. 1 to Apr 26 1946
that I last saw him alive on Apr 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Rheumatism

Due to _____

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

Major findings: Of operations 93d
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 E. P. Attil (M. D. or other) _____
Address Hopkins, Mo. Date signed 4/28/46

Duration

3 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

230

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Stanley Swanson

Licensed Embalmer No..... 3963

P. O. Address..... Hopkins, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 17

Registration District No. 252 Primary Registration District No. 4381

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins
(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)

3. (a) PRINT FULL NAME Roy 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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 27
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days _____
(If less than one day hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Hopkins
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1986 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

175417