

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH**

21134

State File No. \_\_\_\_\_

Registration District No. 292 Primary Registration District No. 3054 Registrar's No. 37

1. PLACE OF DEATH:  
(a) County Polk  
(b) City or town Bolivar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution West Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Polk 84  
(c) City or town Bolivar  
(If outside city or town limits, write "RURAL")  
(d) Street No. West Broadway  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME CHARLES CARVER GUNN  
(b) If veteran, name war ✓  
(c) Social Security number 267-12-2483

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 11  
year 1946 hour 9 minute 15 P. M.  
21. I hereby certify that I attended the deceased from April  
1946 to June 11, 1946  
(that I last saw live on June 11, 1946  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Addie Gunn  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Feb. 10 1881  
(Month) (Day) (Year)

Immediate cause of death Hypostatic pneumonia  
Due to Cardiac decompensation & massive edema & acute  
Due to ?  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 65 Months 4 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Polk County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Produce Business

11. Industry or business \_\_\_\_\_  
12. Name Refus Gunn  
13. Birthplace Barnesville Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Sara Kammise  
15. Birthplace Crofton Ind. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Addie Gunn  
(b) Address Bolivar Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date there June 13, 1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director Erwin - Blair  
(b) Address Bolivar Mo.  
19. (a) June 17, 1946 (b) Ralph Garden  
(Date received local registrar) (Registrar's signature)

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 0  
23. Signature W. Bennett MD (Physician's name) or other \_\_\_\_\_  
Address Bolivar Mo. Date signed 28/46

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

MOTHER FATHER

RECORDED

District Health Officer No. 7,

District File No. 6-46-680

Date Filed 7-3-46

JAN 10 1956

**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 *Willard A. Ewing*

Licensed Embalmer No. *3092*

P. O. Address *Coliar, 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.**