V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30551

FILED SEP 17 1946

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 288

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 West Maple 4
(If rural, give location) U
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA ELIZABETH GUNSOLLEY

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. Frank Gunsolley
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased February (Month) 18, (Day) 1871 (Year)

8. AGE: Years 75 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Nackenut, (City, town, or county) Texas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James E. Pearsoll
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Harriett Spillitt
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mr. J. Frank Gunsolley
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Peaks
(b) Address Independence, Missouri
19. (a) 8-30-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21, year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug. 11, 1946, to Aug. 21, 1946; that I last saw her alive on Aug. 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to Generalized Arteriosclerosis	years
Due to X	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
Of autopsy X	

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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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury O

23. Signature [signature] (M. D. or other)
Address Independence, Mo Date signed 8/22/46

35 K (Licensed Embalmer's Statement on Reverse Side)

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 Roland P. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.