

V. S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X3597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 9 1947  
Office 77  
Registration District No.

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40005  
Registrar's No. 299

Primary Registration District No. 3016

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

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
100-A Clay Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 100-A Clay Street 4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mathilda Gungoll  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Emil Gungoll 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April--5--1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 8 23 hr. min.

9. Birthplace Bay, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name August Moeller 1/1  
13. Birthplace Germany 1/1  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina Stricker  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Haef  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-1-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thorpe & Gordon  
(b) Address Jefferson City, Missouri

19. (a) 12-31-46 (b) A. P. Davies MD  
(Date received local registrar) (Registrar's signature) 71R

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December 28  
year 1946 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from October 15 1946 to December 28 1946  
that I last saw him alive on December 26 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart  
Due to \_\_\_\_\_

Due to arteriosclerosis  
General

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 97  
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 injury) (e) Means of injury 6

23. Signature J. P. Brice (M. D. or other) MD  
Address Jefferson City Date signed 1/31/46

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed JAN 7 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 *Fred P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City, 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.