

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED FEB 11 1947

State File No.

381

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Lakeside Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether in this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3

(d) Street No. 3214 Roanoke Road 8  
(If rural, give location)

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

3. (a) PRINT PETER PHILLIP GUENTHER  
FULL NAME

3. (b) If veteran, No name war \_\_\_\_\_

3. (c) Social Security No. No

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Anna Guenther

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 15 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 9 9 hr. min.

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

10. Usual occupation Retired Building Contractor

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

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Mrs. A. D. Gates

(b) Address 628 West 70th Terrace

17. (a) Burial (b) Date thereof 1-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director J.W. Wagner  
Kansas City, Mo.

(b) Address \_\_\_\_\_

19. (a) 1-27-47 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
year 1947 hour IC: minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-3-47 to 1-24-47  
that I last saw him alive on 1-23-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Fractured Rt femur  
Due to Sensitivity

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

Major findings: 1860  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 1-2-47

(c) Where did injury occur? Kansas city jackson Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Residence 3214 Roanoke Rd  
(Specify type of place)

While at work? no (Specify type of injury) fall 2

23. Signature M.D. Fletcher (M. D. or other) DO  
Address 1103 E 47 Date signed 1-26-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

- Underline the cause to which death should be charged statistically.

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**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas 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.**