

FILED JAN 17 1948

Registration District No. 12

Primary Registration District No. 3.003

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Barry County
 (b) City or town Monett Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Vincent Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Monett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 710 10th
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

MARLENE GUNTER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
 year 1947 hour 8 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Nov 26
 _____, 19____ to Nov 29, 19____
 that I last saw her alive on Nov 27, 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 26 1947
 (Month) (Day) (Year)

Immediate cause of death Acute Myocardial Infarction (MI) secondary to atherosclerosis
 Due to _____
 Due to _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 23 hr. 0 min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 159
 Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Gunter
 13. Birthplace Campbellsville Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise Noel
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Gunter
 (b) Address 710 10th Monett Mo

17. (a) Burial (b) Date thereof Nov. 30 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery, Monett
 18. (a) Signature of funeral director Bennett J. Worthington
 (b) Address Monett Mo

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? _____

19. (a) 12-2-47 (b) W. M. West
 (Data received local registrar) (Registrar's signature)

23. Signature Robert J. Kelly (M. D. or other) MD
 Address Monett Mo Date signed 12-1-47

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

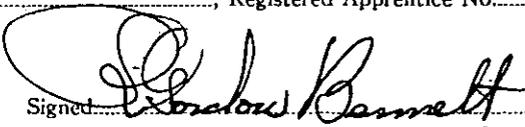
MOTHER FATHER

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

RECEIVED
District Health Officer No. 6,
District File Number 148-24
Date Filed JAN 1 1948

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: .....

Licensed Embalmer No. 4213.....

P. O. Address Mowatt, 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.