

FILED NOV 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33153

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington, St. John's Twnsp.		c. CITY (If outside corporate limits, write RURAL and give township) Union	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 510 N. Washington.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. #1 East.			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) HENRY c. (Last) GUENTHER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3rd, 1950.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3rd, 1921.
9. AGE (in years last birthday) 29		IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe-worker.		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Neier, Mo.
12. COUNTRY OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph H. Guenther.		13b. MOTHER'S MAIDEN NAME Rosie Miller.	14. NAME OF MARRIED OR WIFE Nelda N. Guenther.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War #2		16. SOCIAL SECURITY NO. 498-01-7202	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nelda N. Guenther Union, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUICIDE-BY-FIREARM ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 8976 X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Johns	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FRANKLIN MO			
21d. TIME OF INJURY 11:30-3:50 PM		21e. INJURY OCCURRED WHILE AT WORK - <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-3, 1950, to 11-3, 1950 that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Thos. J. Stoffer, Coroner		23b. ADDRESS Sullivan, Mo.	
23c. DATE SIGNED 11/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1950.	
24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery,		24d. LOCATION (City, town, or county) (State) Union, Mo.	
DATE REC'D BY LOCAL REG. Nov. 4, 1950		REGISTRAR'S SIGNATURE 99	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieberg & Witt, Inc. Washington, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE No. 4

File No.

NOV 18 1950

NOV 13 1950

RECEIVED

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A. J. Heburg

Licensed Embalmer No.

2387

P. O. Address

Washington, D.C.

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.