

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2358

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON MO
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 40 yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY

(c) City or town CLINTON
(If outside city or town limits, write "RURAL")

(d) Street No. 5th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK ALBERT GUENTHER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1942 hour 10:00 minute AM

21. I hereby certify that I attended the deceased from Jan 5 to Jan 16 1942
that I last saw him alive on Jan 5 1942
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (c) Age of husband or wife if alive 5-28-1879 years
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis

Due to myocarditis

Due to _____

Other conditions Diphtheria
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>7</u>	<u>8</u>	hr. min.

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

10. Usual occupation Merchant Baker

11. Industry or business ✓

12. Name Albert Guenther

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

14. Maiden name Augusta

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

16. (a) Informant Robt Guenther

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo

19. (a) Jan 8 - 1942 (b) Georgia Ritcher
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 place)

(e) Means of injury 0

3. Signature Joseph B. Smith (M. D. or other) ME

Address Clinton, Mo. Date signed 1-8-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

42
1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-42-71

Date Filed 2-11-42

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 Wilkerson
.....
Licensed Embalmer No. 2478

P. O. Address Clinton 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.