

S. No. 2
M-5-42
r. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16462
Registrar's No. 110

FILED JUN 5 1946
Registration District No. 137946

Primary Registration District No. 5503

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Osage, Rutledge 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 /
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Osage
(If outside city or town limits, write "RURAL")
(d) Street No. Rutledge township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary C Gunter
(b) If veteran, name war /
(c) Social Security No. /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1946 hour 4 minute 45 A.M.

4. Sex 71 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Oliver J Gunter
(c) Age of husband or wife if alive 8 years
7. Birth date of deceased 2 8 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1946 to May 31 1946;
that I last saw her alive on May 28 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 3 Days 23
If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage
Due to Generalized arteriosclerosis
Due to _____

9. Birthplace Crocker Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death) 2 years?

MOTHER FATHER
11. Industry or business _____
12. Name Samuel A Joyce
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary C Ames
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Maudie C Gunter
(b) Address Clinton Mo
17. (a) Osage (b) Date thereof 6 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 _____

18. (a) Signature of funeral director W. H. Williams
(b) Address Clinton Mo
19. (a) 6-1-46 (b) R. H. Kennedy
(Date received local registrar) (Registrar's signature)

23. Signature S. B. Hughes (M. D. or other) MD
Address Clinton Mo Date signed 6/1/46

RECORDED
District Health Officer No. 7;
License No. 1000000-5-46-528
Date Filed 6-1-46

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 Wilkinson

Licensed Embalmer No. 2478

P. O. Address. Clinton M.

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.