

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44766
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 299
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Guenther
(a) Residence, No. State Hospital # 3 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1872

7. AGE YEARS 66 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. coal miner
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME Fred. Guenther

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germ. 6

MOTHER 15. MAIDEN NAME Annie Rohne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9

17. INFORMANT Mrs. Lizzie Pearson (ADDRESS) Rich Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn cemt DATE Dec. 11, 1938
Rich Hill, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pond & Rowley
Rich Hill, Mo.

20. FILED 12-10-1938 Allen V. Days Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1938, to Dec. 9, 1938. I last saw him alive on 11.9, 1938. Death is said to have occurred on the date stated above, at 1:25 A.M.. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 7
lobar pneumonia 12/3/38

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. J. O'Neil, M. D.
795 (Address) Nevada, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-34-132
Date Filed 1-13-35

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, _____

Henry Pond

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Henry Pond

Licensed Embalmer No. _____

1320

P. O. Address _____

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, above space should be left blank.