

REC'D MAR 9 1939

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

5527
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 391
 (b) Township Green Primary Registration District No. 1002 Registered No. 725
 (c) City Jackson City (d) Street No. 1708 Broadway 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1708 Broadway 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas L Greenup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 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) Melford Ohio

FATHER 13. NAME Geo Gunstman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Margaret Longdon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Marie Greenup

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral DATE 2-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Funeral Home

20. FILED 20 1939 M.H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1939 to 2-20 1939

I last saw he alive on 2-14 1939 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (old)
82a

Other contributory causes of importance:

Pneumonia

Name of operation None Date of None

What test confirmed diagnosis Ch. find. Was there an autopsy? No

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?

If so, specify

(Signed) P. J. De Maria M. D.

(Address) Subst. TC Gen. Hosp. Bldg.

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.

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.....

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.