

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

12045
 Do not use this space.

APR 20 1939

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
 (b) Township Richmond Primary Registration District No. 3035 Registered No. 217
 (c) City Richmond Mo. (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Isabelle Guental

(a) Residence, No. Richmond Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow - Octava Gaental
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 th. 1885
 7. AGE YEARS 73 MONTHS 11 DAYS 8 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
 9. Industry of 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) Richmond Mo.

FATHER 13. NAME W. E. Marshall

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

MOTHER 15. MAIDEN NAME Eliza Cavanugh

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

17. INFORMANT (ADDRESS) Lucile Guental
Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE March 11 1939

19. FUNERAL DIRECTOR (ADDRESS) Brothers Funeral Home
Richmond Mo.

20. FILED Mar 31 1939 Miss [unclear] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-39
 22. I HEREBY CERTIFY, That I attended deceased from 3-7-39 to 3-9-39
 I last saw him alive on 3-9-39 Death is said to have occurred on the date stated above, at 1 P. M.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Chronic nephritis
Myocardial Heart Disease (Stenosis)
 Date of onset 12/1

Name of operation Plg Eyes Date of _____
 What test confirmed diagnosis? _____ were 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. [unclear] M. D.
 (Address) Richmond Mo.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 6/17/39

STATEMENT BY LICENSED EMBALMER

I, J. B. Brothers, Licensed Embalmer No. 2001

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Brothers Funeral Home
J. B. Brothers

Licensed Embalmer No. _____

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.)