

MOI MAR 11 1940

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

6068  
Do not use this space.

1. PLACE OF DEATH  
(a) County Butler Registration District No. 89  
(b) Township..... Primary Registration District No. 3007  
(c) City Poplar Bluff (d) Street No.....  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lula Gunter  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1876

| 7. AGE | YEARS     | MONTHS   | DAYS     | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|----------------------------------|
|        | <u>63</u> | <u>6</u> | <u>8</u> |                                  |

OCCUPATION

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. Domestic  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Indianapolis (STATE OR COUNTRY) Indiana

FATHER

13. NAME John Weeks  
14. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Hannah Thaw  
16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

17. INFORMANT E. E. Gunter (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter DATE 2-3-40, 19..

19. FUNERAL DIRECTOR (NAME) Blankenship-Strickland (ADDRESS) Dexter, Mo.

20. FILED 7/3 19 40 Obituary Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1940, to 2-1, 1940. I last saw her alive on 2-1, 1940. Death is said to have occurred on the date stated above, at 1:20 a.m. The principal cause of death and related causes of importance were as follows:  
Hemorrhage profuse  
g. f. W.  
Other contributory causes of importance: Subarachnoid Hemorrhage 2-1-40

Date of onset 1-20-40

Name of operation autopsy Date of 2-1-40  
What test confirmed diagnosis? autopsy 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? .....  
If so, specify no  
(Signed) Wm. H. Hines, M. D.  
(Address) Poplar Bluff, Mo.

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.

1 X 1662

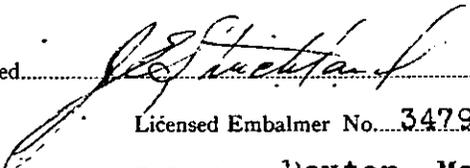
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. E. Strickland....., Registered ~~XXXX~~ Apprentice No. ....  
working under my personal supervision.

Signed..... .....

Licensed Embalmer No. 3479.....

P. O. Address Dexter, 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, above space should be left blank.**