

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18865

Registration District No. 470 Primary Registration District No. 5683 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lawrence Co. Mo.  
(b) City or town Rural Mt. Vernon Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Home 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 2 weeks  
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Mt. Vernon, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME MONTE GUNTER 536

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 2 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 11 hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: Sam Gunter  
13. Birthplace: Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name: Elybeth Sturgeon  
15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Gunter  
(b) Address Marionville Mo.

17. (a) Camp ground (b) Date thereof May 14 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director H. J. Forrest  
(b) Address Mt. Vernon Mo.

19. (a) MAY 13, 1940 (b) P. A. HOLMES  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 2, 1940 to May 13, 1940  
that I last saw him alive on May 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_  
Due to Endocarditis 12 weeks  
Due to \_\_\_\_\_

Other conditions Influenza onset Mar 2-30  
(Include pregnancy within 7 months of death)

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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?  
42! While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature P. A. Holmes (M. D. or other) \_\_\_\_\_  
Address Mt. Vernon Mo. Date signed 5-13-40

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

RECEIVED

District Health Officer No. 6,

District File Number 640-1373

Date Filed JUN 10 1940

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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.....

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

Signed H W Jarnett

Licensed Embalmer No. 3201

P. O. Address Mt Vernon, Va

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.