

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

28071
Do not use this space.

1. PLACE OF DEATH

(a) County Butler 2 Registration District No. 89
 (b) Township 0 Primary Registration District No. 3007 Registered No. 238
 (c) City Poplar Bluff (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

536 Louvenia Gunter
 (a) Residence, No. 448 apple 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 col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Alabama |

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME unknown 9

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

17. INFORMANT (ADDRESS) James Gunter Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE city DATE Aug 6 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Wadell Co. 613 Poplar Bluff mo

20. FILED 8/7 1940 Obutsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1940 to Aug 4, 1940. I last saw her alive on July 1, 1940. Death is said to have occurred on the date stated above, at 12:55 A. m.

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

Date of onset Jan 4. 0
57 years

Other contributory causes of importance: 52 yr

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) At Breckner M. D.
 (Address) Poplar Bluff Mo

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.)

5 If this body is not embalmed, above space should be left blank.