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MOBILE JAN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42760

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 279

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
412 W. Sea Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community One Week. years, months or days 3

3. (a) PRINT FULL NAME Mrs. Bertha Opal Gunder

3. (b) If veteran, name war No.

3. (c) Social Security No. 496-207-1454

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Blaine Gunder

6. (c) Age of husband or wife 56 years

7. Birth date of deceased: 8 (Month) 1892 (Day) 1892 (Year)

8. AGE: Years 48 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Hotel

12. Name George Wm. Nesbitt

13. Birthplace No Record Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Robe Mae Loar

15. Birthplace Indian Creek Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant G. B. Gunder

(b) Address St. Francis Hotel, Sedalia, Mo.

17. (a) Burial (b) Date thereof Nov. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Henry W. Stahl

(b) Address 815 W. Maple Ave.

19. (a) Nov. 12-1940 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francis Hotel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 8
1940 to Nov 9 1940
that I last saw her alive on Nov 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral by perleusion 3 yrs
of cerebral calcules 2 yrs
Due to Suba. Chronic hemorrhage 4 days

Due to _____

Other conditions 78
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

360 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Independence Mo Date signed Nov 11 40

RECEIVED

Jackson County Health Dept.

Case File Number

Date

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

Henry W. Stahl

Licensed Embalmer No. *3181*

P. O. Address *Independence 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, fact should be so stated above.