

FILED SEP 7 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3545

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Conley Clinical Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Hours
(Specify whether years, months or days)
 In this community 11 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 1121 South Noland
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BERTHOLD A. E. GUENTHER
 3. (b) If veteran, name war no
 3. (c) Social Security No. 487-05-3309

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 30th,
 year 1944 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
 that I last saw him alive on August 30, 1944,
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pearl Guenther
 6. (c) Age of husband or wife if alive unk. years
 7. Birth date of deceased January 29, 1888
(Month) (Day) (Year)

Immediate cause of death
Internal Hemorrhage
Septicemia (tooth)
Infection of alimentary canal
and blood stream
 Due to Virulent Angina
 Duration 1 Day
1 week

8. AGE: Years 56 Months 7 Days 1
 If less than one day hr. _____ min. _____

Other conditions 32 b³
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace St Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Maintenance Department
 11. Industry or business Ford Motor Company

MOTHER FATHER
 12. Name August Guenther
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name No. Data
 15. Birthplace No. Data
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Guenther
 (b) Address Independence, Missouri
 17. (a) Burial (b) Date thereof 9/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cemetery

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? _____

18. (a) Signature of funeral director Poland Sparks
 (b) Address Independence, Missouri
 19. (a) 8-31-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury g
 23. Signature Fred J. Zaminar (M. D. or other) 90
 Address Marion, Mo Date signed 8-31-44

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

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

Colandrea Speaks

Licensed Embalmer No.

3604

P. O. Address

Indep. City

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.