. S. No. 2
0M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 29 1944

Registration District No. 172

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3034

State File No. 31250

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edwin Emil Guenther

3. (b) If veteran, name war World No. 1

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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 April (Month) 17 (Day) 1894 (Year)

8. AGE: Years 50 | Months 5 | Days 1 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Chas. C. Guenther
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Mueller
15. Birthplace New York (City, town, or county) New Jersey (State or foreign country)

16. (a) Informant Mrs. Emly Gassen

(b) Address Higginsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Brand Cemetery

18. (a) Signature of funeral director C G Minershagen

(b) Address Higginsville Mo

19. (a) 9-20-1944 (Date received local registrar) (b) Dr. W. A. Braeckleia (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 3, 1943, to September 17, 1944 that I last saw him alive on September 17, 1944, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asphyxiation due to general exhaustion	2 wks
Due to Chronic encephalitis	Many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

80 b

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E M Moore (M. D. or other)

Address Higginsville, Missouri Date signed 9-20-44

1189

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-27-44

SEP 29 1944

OCT 6 1944

DEC 27 1944

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.