

FILED JAN 27 1947  
Registration District No. 366

Primary Registration District No. 62 09

Registrar's No. 86

1. PLACE OF DEATH:

(a) County TEXAS  
(b) City or town RURAL PINEY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
TEXAS COUNTY HOME 5  
(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 TEXAS  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN LUTHER GUNTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 23 hr. \_\_\_\_\_ min.

9. Birthplace HOOD CO, TEXAS  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

12. Name JOHN GUNTER

13. Birthplace TEXAS  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant J.P. GUNTER

(b) Address TULSA, OKLA.

17. (a) BURIAL (b) Date thereof 1-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WILLOW SPRINGS

18. (c) Signature of funeral director Seymour V. Elliott

(b) Address HOUSTON, MO

19. (a) Jan 1-47 (b) Myrtle Craig  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 30  
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 30 1946 to Dec 30 1946  
that I last saw him alive on Dec 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Harding of Arteries

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 97  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J.P. Gunter (M. D. occupant)  
Address Houston, Mo Date signed 1-1-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
42506

RECEIVED

OCT 2 1947

District Health Officer No. 5,

District File Number 14139

Date Filed 1-25-47

MAY 1 1947

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.