

FILED JUL 23 1947

Registration District No. **163**

Primary Registration District No. **3031**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Jefferson**
 (b) City or town **Desoto**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
714 - Stewart
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none**
 (Specify whether
 In this community **25 years**
 years, months or days)

3. (a) PRINT FULL NAME

Jeanette E. Guinther
 3. (b) If veteran, name war **-**
 3. (c) Social Security No. **-**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Chris Guinther deceased**
 6. (c) Age of husband or wife **deceased**
 7. Birth date of deceased **Feb - 11 - 1865**
 (Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **3**
 If less than one day hr. min.

9. Birthplace **Fremont Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **George Bailey**
 13. Birthplace **Desoto Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Polly Manners**
 15. Birthplace **Desoto Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) **burial** (b) Date thereof **June - 16 - 47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Desoto - Mo.**

18. (a) Signature of funeral director **J. Lee M. Wetherbee**

(b) Address **Desoto - Mo.**

19. (a) **7/17/47** (b) **Marie Harrington**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
 (c) City or town **Desoto**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **714 Stewart**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
 year **1947** hour **10** minute **15** M.

21. I hereby certify that I attended the deceased from **Jan. 1948** to **14 June 1947**
 that I last saw her alive on **14 June 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Peniculous anemia**
arterio-sclerosis general
 Due to **senility**
 Duration **yrs.**
 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **-**
 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:

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

23. Signature **Marl V. W. Wetherbee** (M. D. or other) **M.D.**
 Address **Desoto, Mo.** Date signed **14 June 47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/22/47

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

John Mochush

Licensed Embalmer No. 3531

P. O. Address. Roseto MD

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.