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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20462

FILED JUL 9 1948

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution 1410 Sturgeon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 1410 Sturgeon
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH GINTHER

3. (b) If veteran name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1948 to July 1 1948
that I last saw her alive on July 1 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward John Gunter 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May - 22 - 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Feltosis Duration 30 min

8. AGE: Years 71 Months 1 Days 9 If less than one day hr. min.

Due to _____

Due to _____

Other conditions (includes pregnancy within 3 months of death) gyp

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Enoch Smith

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

14. Maiden name Josephine Maxwell

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

16. (a) Informant E. J. Gunter

(b) Address 1410 Sturgeon Moberly Mo.

17. (a) Burial (b) Date thereof July - 3 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Howe Funeral Home

(b) Address Moberly Missouri

19. (a) July 3 - 48 (b) Neah Williams
(Date received local registrar) (Registrar's signature) (Date)

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 1

23. Signature H. E. Griffiths (M. D. or other) _____
Address Moberly Date signed 7/2/48

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

MOTHER FATHER

RECEIVED

District Officer No. 10

District File Number 7-48-1211

Date Filed ~~JUL 7 1948~~

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, by

C. L. Hutton, Registered Apprentice No. 10

working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.