

FILED NOV 5 1948
Registration District No. 362

Primary Registration District No. 6234

1. PLACE OF DEATH:

(a) County Warren - Elk Horn

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

(c) Name of hospital or institution: 1
(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 Mo (b) County Warren

(c) City or town Rural (Elk Horn)
(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 William Frederick Gueper

(b) If veteran, name war _____

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1948 hour 10 minute 20 P.M.

4. Sex M. 5. Color or race white

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Emma Gueper

(c) Age of husband or wife if alive 69 years

7. Birth date of deceased: March 26 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 5 1948 to Oct. 8 1948
that I last saw him alive on Oct. 8 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 6 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial Failure

Due to Paralysis Agitans 5 yrs.

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation retired Farmer

11. Industry or business _____

12. Name John Gueper

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

14. Maiden name Lanae Wife

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

Major findings: Of operations SPC

Of autopsy _____

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

16. (a) Informant Emma Gueper

(b) Address Wright City Mo

17. (a) Burial (b) Date thereof 10/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem

18. (a) Signature of funeral director Wright City Mo

(b) Address Wright City Mo

19. (a) 10/11/48 (b) Marcella Watson
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 2

23. Signature Alford N. Macken (M. D. or other) D.O.
Address Warrenton Mo Date signed 10/11/48

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

RECEIVED
District Health Officer No. 9,
District File Number 100-4 1948
Date Filed

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, of W.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Julius J. Meburg
Licensed Embalmer No. 3366
P. O. Address Wright City, 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.