

REC'D JAN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43977

Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 632
(b) Township Thayer Primary Registration District No. 5834
(c) City Thayer (d) Street No. _____ Registered No. 44
(e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

5871 John Wesley Guynn
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIFE OF~~
HUSBAND OF Lou Guynn
(OR) ~~WIDOWED~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PennsylvaniaFATHER 13. NAME John Guynn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Isabella McKee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. J. W. Guynn, Thayer, Mo.
(ADDRESS)18. BURIAL, CREMATION OR REMOVAL PLACE Clifton DATE 12/23 3819. FUNERAL DIRECTOR Leo Carr, Thayer, Mo.
(ADDRESS)20. FILED 12-30 1938 George Johnson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Dec 19 1938
I last saw him alive on Dec 19 1938 Death is said to have occurred on the date stated above, at 12:50 P. M.
The principal cause of death and related causes of importance were as follows:

Angina PectorisDate of onset
Dec 19 38

Other contributory causes of importance:

UnknownName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. A. Barnes M. D.
Thayer Mo.

(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 212004

AUG 1 10 42

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)