

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

**11394**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 413  
 (b) Township Peersville Primary Registration District No. 5559.s.c. Registered No. 18  
 (c) City or ~~Township~~ Peersville (d) Street No. T/B/HOSPITAL St.  
WEBB CITY (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 0 St. Peersville  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna M. Guink  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1899  
 7. AGE YEARS 40 MONTHS 7 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. miner  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) Dade County, O (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME M. H. M. Guink  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Margaret D. Brown  
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) O  
 17. INFORMANT Edna M. Guink (ADDRESS) Albas, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Mar 12, 1940  
 19. FUNERAL DIRECTOR (NAME) Walt Attybud Co (ADDRESS) Walt City, Mo.  
 20. FILED MCH. 12. 40, 19 40 J. L. Titchman Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from March 8, 1940, to March 10, 1940  
 I last saw him alive on March 9, 1940 Death is said to have occurred on the date stated above, at 9:20 m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset .....  
Accidents  
 Other contributory causes of importance: .....  
 Name of operation None Date of .....  
 What test confirmed diagnosis Post mortem Was there an autopsy? No  
 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 None  
 (Signed) James B. Daugherty M. D.  
 (Address) Webb City

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.

RECEIVED

Health Officer No. 6,

License File Number 440-929

Date Filed APR 4 1940

**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 Myself,

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

Signed Rayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Walt 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, above space should be left blank.