

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35991

State File No. \_\_\_\_\_

Registration District No. 660

Primary Registration District No. 5878

Registrar's No. \_\_\_\_\_

9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural *North Perry*

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2

In this community 55-7-5 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry L. Guyot

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1940 hour 9 minute P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Theress Guyot

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 17 1885 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-22- 1940 to Sept 22, 1940 that I last saw him alive on Sept 22, 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>5</u>	hr. _____ min.

Immediate cause of death Carcinoma of liver 1 yr.

Due to \_\_\_\_\_

9. Birthplace Perry Co., Missouri (City, town, or county) (State or foreign country)

Due to 46

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Xavier Guyot

13. Birthplace Perry Co., Missouri (City, town, or county) (State or foreign country)

14. Maiden name Josephine Strolier

15. Birthplace Perry Co., Missouri (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Guyot

(b) Address Perryville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Sept. 25 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

(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? 575 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Young's Sons

(b) Address Perryville Mo.

19. (a) Sept 22-1940 (b) Joe J. Zeller (Date received local registrar) (Registrar's signature)

23. Signature Oscar A. Carron (M. D. or other) Address Perryville, Mo. Date signed 9-24-40

**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

*Edward G. Young*

Licensed Embalmer No. *2138*

P. O. Address *Perryville 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.**