. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

3
2
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36529

State File No.

Registration District No. 17 Primary Registration District No. 4016 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(If outside city or town limits, write "RURAL" and name of township)
(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 -- (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 3
(a) State Missouri (b) County Atchison 2
(c) City or town Tarkio 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME MILDRED ESTER GUYETTE
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased July (Month) 5 (Day) 1909 (Year)

8. AGE: Years 33 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Burlington Jct. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name William Guyette
13. Birthplace (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name Nellie A.Barr
15. Birthplace Burlington Jct. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs.N.A.Guyette
(b) Address Tarkio,Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 8,1942 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio,Mo.
19. (a) 11/14/42 (Date received local registrar) (b) Mrs Darrell Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1942 hour 6 minute 15 a.M.
21. I hereby certify that I attended the deceased from July 1-42 Nov 6-42, to 19 , 19
that I last saw her alive on Nov 5 , 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute endocarditis	3 mo
Due to ?	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Q. M. Vaugh (M. D. or other)
Address Tarkio Mo. Date signed Nov 7-42

1140

(Licensed Embalmer's Statement on Reverse Side)

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.....Jno. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, Missouri.....

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.