

FILED MAY 12 1943 2

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
1717 South Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. 171 South Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BEN. J. McGuire

3. (b) If veteran, name war —

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1943 hour 4:30 minute P

21. I hereby certify that I attended the deceased from April 27th 1943 to April 27th 1943 that I last saw him alive on April 27th and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marion

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: Nov 14 1870
(Month) (Day) (Year)

Immediate cause of death: Acute Coronary Thrombosis 7 hours.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------------|
| | <u>72</u> | <u>5</u> | <u>13</u> | <u>-</u> hr. <u>-</u> min. |

Due to No Not Known

Due to —

9. Birthplace: Davies County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation Druggist, Insurance Loans

11. Industry or business OFFICE

Major findings: Of operations —

12. Name JAMES McGuire

13. Birthplace McGuire, Ruby Ireland
(City, town, or county) (State or foreign country)

14. Maiden name LORRAINE TINGLER

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

Of autopsy —

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

16. (a) Informant Marion McGuire

(b) Address Trenton, Missouri

17. (a) (Burial, cremation, or removal) — (b) Date thereof 4-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation 3007 Candy, Trenton, Mo.

(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? —

18. (a) Signature of funeral director Davis James Hays

(b) Address Trenton, MO.

19. (a) 4-29-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) — (c) Means of injury —

23. Signature Oliver P. Duffy M.D.
Address Trenton Mo April 27th 1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

1943

DEC 3 1946

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.

My self

Signed

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address. *Stenton 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.