

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2421

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 23 1/2 years, months or days Died as entering Receiving Ward (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 2618 1/2 Guinotte
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City Mo (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy James Guisinger

3. (b) If veteran, name war No (c) Social Security No. 496-16-9369

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Guisinger 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec 30 1895
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 47 | 4 | 25 | hr. _____ min. |

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Keystone Trailer Co.

MOTHER FATHER {

12. Name Guisinger

13. Birthplace No Record 9

14. Maiden name No record

15. Birthplace No Record 9

16. (a) Informant Mabel Guisinger
(b) Address 2618 1/2 Guinotte

17. (a) Burial (b) Date thereof May 27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address (918 Brooklyn

19. (a) 5-26-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Acute circulatory failure
Coronary sclerosis.
Due to _____
Due to _____

Other conditions HTA
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Manner of injury _____
23. Signature Dr. E. A. Washer (M. D. or other) M.D.
Address 23rd Mc Col Date signed 5/28/43

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

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 me

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

Signed C. H. Wise

Licensed Embalmer No. 2540

P. O. Address 106 me

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.