V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27326

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3455

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

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: 5804 E 12 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 5804 - E - 12 St
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lily C Guymon

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Walter Guymon
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov 19 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace England 4 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Henry Carter
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 4 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph C Guymon
(b) Address 5804 E 12 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs C R Forster
(b) Address 918 Brooklyn

19. (a) 8-10-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from July 20, 1943, to Aug 8, 1943 that I last saw h[illegible] alive on Aug 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Heart Disease	—
Due to	
Due to 61	
Other conditions Diabetes - 2 years (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature R H Williams (M. D. or other)
Address 5400 St John Ave Date signed 8/9/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robt [illegible] Hillside
5400 St John
2 - 5 P.M.

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. 2570

P. O. Address K C 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.