

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 10 1943

Registration District No. 179

Primary Registration District No. 4299

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Hawkpoint Mo.  
(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  
In this community In this Community (Specify year) 28 yr  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Hawkpoint  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME WILLIE FRANKLIN GUINN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Catherine Guinn 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 26 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 2 If less than one day  
.....hr. ....min.

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

10. Usual occupation Notary work

11. Industry or business

12. Name Gilmore Guinn

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

14. Maiden name Margaret Alice Vaughn

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

16. (a) Informant Catherine Guinn

(b) Address Hawkpoint Mo.

17. (a) Burial (b) Date thereof Aug 30 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawkpoint Mo.

18. (a) Signature of funeral director Wayne M S Coy

(b) Address 509 Mo.

19. (a) Sept 1. 43 (b) Wm J Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28  
year 1943 hour 11 minute 00 A. M.

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

Immediate cause of death Cerebral apoplexy -  
Duration 1 hr.

Due to Aorta - Aneurism

Due to

Other conditions (Include pregnancy within 3 months of death) 83a1

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?

While at work (Specify type of place) (e) Means of injury

23. Signature Joe B. Bessell (M. D. or other)  
Address Troy Mo Date signed Aug 30 43

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

7000

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**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.....

*Wayne McBoys*

License of Embalmer No. C.....

*3586*

P.O. Address.....

*Troy 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.**