

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 62

FILED OCT 20 1943

Registration District No. 129

Primary Registration District No. 2533

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Forbes Township-Rural
(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 10 Days (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Forbes Township-Rural
(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 _____

3. (a) PRINT FULL NAME Stella Goldie Guyer

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Nola Guyer

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 18 1894
(Month) (Day) (Year)

8. AGE: 44 Years Months 1 Days 18

If less than one day hr. _____ min. _____

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

10. Usual occupation Cafe Operator

11. Industry or business own

MOTHER FATHER

12. Name Jack Sloan

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

14. Maiden name Sella Jarmann

15. Birthplace Selina Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nola Guyer

(b) Address Oregon, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-10-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Camp

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon Mo.

19. (a) 9-10-43 (Date received local registrar)

(b) Paulene Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw her alive on Sept 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration 6 mos

Due to _____

Due to _____

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

94 1/2

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 Dr. Chandler (M. D. or other)

Address Oregon, Mo. Date signed 9-9-43

SEP 6 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.

Signed..... *James H. Pettigohn*.....

Licensed Embalmer No. *3192*.....

P. O. Address..... *Oregon 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.