

FILED JAN 17 1945  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5424

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution:  
1410 Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ unknown  
years, months or days)

3. (a) PRINT FULL NAME Edward E. Guy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced unbr

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Mother's name \_\_\_\_\_

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

16. (a) Informant Coroner's Office

(b) Address J.C. Mo.

17. (a) removed (b) Date thereof 1-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director H. J. ...

(b) Address J.C. Mo.

19. (a) 1-11-45 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson

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

(d) Street No. 1410 Harrison  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9  
year 1944 hour 4:50 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arterio-sclerosis

Due to g/a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations History of Inspectum

Of autopsy no

Duration \_\_\_\_\_

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 3

23. Signature James ... (M. D. or other) Coroner  
Address 1824 ... Date signed 1-11-45

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

Signed *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *G. C. Md*.....

**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.**