No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38232

State File No.

Registration District No. 2-52 Primary Registration District No. 6-968 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Ferrelview, Mo. -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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Ferrelview, Mo. -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

83
0
0
0

3. (a) PRINT FULL NAME Mrs. Ida Mae Guy

3. (b) If veteran, name war no

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 Robert Guy

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

7. Birth date of deceased February (Month) 21 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
52	0	4	hr. min.

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

10. Usual occupation housewife

11. Industry or business housewife

FATHER
12. Name Abe Estes
13. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Coyle
15. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Robert Guy

(b) Address ~~Platte City, Mo~~ Ferrelview, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Rollins & Mitchell

(b) Address Platte City, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 25 day —
year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 25, 1945, to Nov. 25, 1945, that I last saw her alive on Nov. 25, at 8:30 PM, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	about 2 days
Due to Lobar pneumonia	4 days
Due to general toxemia	

Other conditions
(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 W. C. Brink, (M.D. or other) MD

Address Platte City, Mo. Date signed 11-26-45.

1468

(Licensed Embalmer's Statement on Reverse Side)

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 Francis M. Goffee

Licensed Embalmer No. 4393

P. O. Address Platte City, 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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 280 Primary Registration District No. 5963 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural May Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Ida Mae Guy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 21 (Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 11-26-45 (Date received local registrar) (b) Mrs Ophia Rollin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

38232