S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5645

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 838

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3
8

4634

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks (Specify whether
In this community 4 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sabette 999

(c) City or town Chetopa 17
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROY E GUINN

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mildred Guinn

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept 22 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	4	24	hr. min.

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

10. Usual occupation Filling Station Owner

11. Industry or business

FATHER
12. Name No record
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Neva Fowler
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mildred Guinn
(b) Address Chetopa Kansas

17. (a) Removal (b) Date thereof 2/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chetopa, Kansas

18. (a) Signature of funeral director Nurk & Tobin Co
(b) Address 20 West Linwood

19. (a) 2-16-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 16th day Feb
year 1946 hour 11;10 minute A M.

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

Immediate cause of death Shock

Due to 2nd Stage Thoracoplasty

Due to Pulmonary Tuberculosis.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1
Of autopsy 13 8

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 2800 Main Date signed 2/16/46

(Licensed Embalmer's Statement on Reverse Side)

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MAR 8 1946

JAN 27 1947

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 Charles M Quirk

Licensed Embalmer No. 3774

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.