

Registration District No. 171 Primary Registration District No. 42-653637 Registrar's No. 16

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Napoleon (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 mi north - 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 80 yrs
years, months or days

3. (a) PRINT FULL NAME James M. Guy
 3. (b) If veteran name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased now 22 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Cary Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

12. Name Wm F. Guy

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

14. Maiden name Rebecca

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

16. (a) Informant Frank Guy
 (b) Address Napoleon Mo

17. (a) Burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plumtree Farm (Napoleon)
 18. (a) Signature of funeral director Wm G. B. Webb, D.D.
 (b) Address Oak Grove Mo
 19. (a) June 11/1946 (b) Walter D. Hammond
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Napoleon - Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 mi north - 1
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 30
 year 1946 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1946 to Apr 30 1946
 that I last saw him alive on Apr 12 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 2 year

Due to Infirmitation of old age 100%
 Due to _____

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

Major findings: Of operations non
 Of autopsy non
 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 Wm G. B. Webb (M. D. or other) _____
 Address Oak Grove Mo Date signed 4-30-46

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

6-6-46

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..... *R B Webb*.....

Licensed Embalmer No. *2353*.....

P. O. Address *Blue Springs 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.