

S. No. 2
M-5-43
7-5-17-39
P I X36671

FILED DEC 26 1947

Registration District No. **206**

Primary Registration District No. **2042**

Registrar's No. **52**

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

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Fredericktown**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **N. Main**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **19 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Noah Ruben Guinn**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Jennie Guinn**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **June 10, 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **6** Days **0** If less than one day hr. min.

9. Birthplace **Bellinger Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **R. R. Section laborer**

11. Industry or business

12. Name **Calvin Guinn**

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

14. Maiden name **Mary McFee**

15. Birthplace **Madison Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jennie Guinn**

(b) Address **Fredericktown, Mo.**

17. (a) **Burial** (b) Date thereof **12-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Snowdenville Cemetery**

18. (a) Signature of funeral director **Webb - Adams**
(b) Address **Fredericktown, Mo.**

19. (a) **12-15-1947** (b) **Florence DeWitt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**
(c) City or town **Fredericktown**
(If outside city or town limits, write "RURAL")
(d) Street No. **N. Main**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10** year **1947** hour **8** minute **55** P.M.

21. I hereby certify that I attended the deceased from **May 1, 1947** to **Dec 10, 1947**
that I last saw him alive on **Dec 10, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to **Arterio Sclerosis & Valvular heart**

Due to **Conditions**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **W. Harry Borron** (M. D. or other)
Address **Fredericktown Mo** Date signed **12/11-47**

Duration **6 months**

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 1247-1602
Date Filed 12-24-47

JAN 9 1948

VS APR 21 1960

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81
working under my personal supervision.

Signed Poljean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.