

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12599**
1615
Registrar's No.

FILED APR 24 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6306 WALNUT STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4.5 YEARS** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **6306 WALNUT STREET**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM OMER GUFFIN**
(b) If veteran, name war **NO**
(c) Social Security No. **496-16-3520**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **11**
year **48** hour **6:30** minute **P** M.
21. I hereby certify that I attended the deceased from **3/26/48**
19____ to **4/11/48** 19____
that I last saw him alive on **4/11/48** 19____
and that death occurred on the date and hour stated above.

4. Sex **MALE**
5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **MRS. COBRA M. GUFFIN**
(c) Age of husband or wife if alive **71** years
7. Birth date of deceased **AUGUST - 11 - 1863**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic heart disease**
Duration **1 day**

8. AGE: Years **84** Months **8** Days **0**
If less than one day hr. _____ min.

Due to _____
Due to _____

9. Birthplace **RUSHVILLE INDIANA**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **EMPLOYEE**
FLORAL HILLS CEMETERY

11. Industry or business _____
12. Name **GERBE W. GUFFIN**
13. Birthplace **BRACKEN CO. KENTUCKY**
(City, town, or county) (State or foreign country)
14. Maiden name **DELANA BAGLEY**
15. Birthplace **PENNSYLVANIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. WILLIAM O. GUFFIN**
(b) Address **6306 WALNUT STREET**
17. (a) **BURIAL** (b) Date thereof **APR. 13-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **FLORAL HILLS CEMETERY**
18. (a) Signature of funeral director **D. W. Newcomer's Sons**
(b) Address **1461 Brush Creek Blvd**
19. (a) **4-13-48** (b) **A. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **D. W. Newcomer** (M. D. or other) _____
Address **1109 Park Blvd** Date signed **4/11/48**

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

D. H. Nofsinger

Licensed Embalmer No

3938

P. O. Address

Kansas 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.