

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30291
4177

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MINNESOTA</u> b. COUNTY <u>HENNEPIN</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place township) <u>2 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MINNEAPOLIS</u>		d. STREET ADDRESS (If rural, give location) <u>214 WEST-24TH STREET</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VINEYARD PARK HOSPITAL</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELMAR</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>GUEFFROY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 29-1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>4-23-1905</u>		
9. AGE (in years last birthday) <u>44 YEARS</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MADISON, SOUTH DAKOTA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WALTER L. GUEFFROY</u>			13b. MOTHER'S MAIDEN NAME <u>JENNIE BOWELL</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>331-05-1147</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. WALTER L. GUEFFROY</u> ADDRESS <u>YANNTON SO...</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH _____						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>acute dilatation of heart</u>						
		DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>9-24</u> , 19 <u>49</u> , to <u>9-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>49</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. M. Nigro</u> (Deacon or title)			23b. ADDRESS <u>925 Argyle Bldg.</u>			23c. DATE SIGNED <u>9/29/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>YANNTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, SOUTH DAKOTA</u>		
DATE REC'D BY LOCAL REG. <u>9-29-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. M. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1949

11-5-01

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Bernard L. Goran*

Licensed Embalmer No. *4250*

P. O. Address *A.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.