

FILED MAY 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. **12317**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **169**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Independence</b> )	c. LENGTH OF STAY (in this place) <b>8 yrs</b>	c. CITY OR TOWN <b>Independence</b>	d. Is Residence within limits of a city or incorporated town? <b>yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, 10805 Truman Rd.</b>		f. STREET ADDRESS (If rural, give location) <b>10805 Truman Rd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jack</b> b. (Middle) <b>A</b> c. (Last) <b>McGuire</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 28, 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 12, 1925</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bar tender</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Saloon</b>	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <b>Sumner, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Isaac McGuire</b>	13b. MOTHER'S MAIDEN NAME <b>Anna B. Clark</b>	14. NAME OF HUSBAND OR WIFE <b>Nedra McGuire</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>WW 2</b>	16. SOCIAL SECURITY NO. <b>493 22 5767</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nedra McGuire, Independence, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bullet Wound Head</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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 <b>E976 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Independence Jackson Mo</b>
21d. TIME OF INJURY <b>4-28-54</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self Inflicted</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:12A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur J. Powers, Coroner</b>	23b. ADDRESS <b>1034 Pinalto Bldg.</b>	23c. DATE SIGNED <b>4-28-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>MAY 1, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUMNER, MISSOURI</b>	24d. LOCATION (City, town, or county). (State)
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DATE REC'D BY LOCAL REG. <b>5-1-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Independence Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 10 1954

**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.....  
Signature of Student Embalmer

Signed... *Dean W. Huff* .....

Licensed Embalmer No. *4914*.....

P. O. Address... *Independence*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.