

Registration District No. **124**

Primary Registration District No. **5177**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Windsor
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all of life (Specify whether years, months or days)

8. (a) PRINT FULL NAME **FRANK MCGUIRE**

8. (b) If veteran, name war 8. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hannah McGuire 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Aug 12 1854 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 21 If less than one day hr. min.

9. Birthplace near Jackson Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name William Mc Guire
13. Birthplace Jackson Mo. (City, town, or county) (State or foreign country)
14. Maiden name Barnson
15. Birthplace Jackson Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Birdie Strong
(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Mar 4 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director S. C. Teravants
(b) Address Jackson Mo

19. (a) 3-4-41 (b) Dr G. J. Seitz (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Burfordville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 41 hour 1 minute 30A. M.

21. I hereby certify that I attended the deceased from 1-16, 1941, to 2-3-, 1941;
that I last saw him alive on 2-7-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration

Due to myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Albert M. Elio (M. D. or other)
Address Jackson Mo. Date signed 3-3-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Lynnae Steele

Licensed Embalmer No.....

2476

P. O. Address.....

Jackson Ms

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, above space should be left blank.