

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10744
 Do not use this space.

1. PLACE OF DEATH

(a) County D Greene Registration District No. 318
 (b) Township Springfield Mo Primary Registration District No. 2001
 (c) City Springfield Mo Street No. 1208 W. Olive St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1208 W. Olive St. Registered No. 218
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Guisheal (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME UK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

MOTHER 15. MAIDEN NAME UK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

17. INFORMANT (ADDRESS) Opal Strayton Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Milo Mo DATE March 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) John J. Meyer Springfield Mo

20. FILED Mar 10 1938 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938

22. HEREBY CERTIFY, That I attended deceased from 3/8/38, 1938 to 3/8/38, 1938.
 I last saw her alive on 3/8/38, 1938. Death is said to have occurred on the date stated above, at 3:45 P.
 The principal cause of death and related causes of importance were as follows:

3/7/38 Q3C- 3/7/38
Fatty heart -
Gastric indigestion
impairing heart action

Other contributory causes of importance:
did not see patient until after her death

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) A. E. Allday, M. D.
Springfield (Address)

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,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)