

REC'D MAR 15 1939

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

6124

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124  
(b) Township Heider Primary Registration District No. 5177  
(c) City or ..... (d) Street No. ....  
(e) 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. ds.

Registered No. 4

## 2. PRINT FULL NAME

NANCY CATHERINE MCGUIRE  
(a) Residence, No. WHITE WATER MO (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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emory Mc Guire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 6 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. July 22, 1864  
9. Industry or business in which work was done, as saw mill, bank, etc. Work  
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) Benfordville, mo

FATHER 13. NAME James Wiseman O

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

MOTHER 15. MAIDEN NAME Francis Spivey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Edward Mc Guire

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Guire Cem DATE Feb. 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Orcauff & Melle

20. FILED 2-18 1939 D. G. Suber Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1938 to Feb 17, 1939  
I last saw her alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 11:45 m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
arterio sclerosis 1938  
Date of onset  
Other contributory causes of importance: age

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 by M. D. Dawson  
(Signed) Allenville mo, M. D.  
(Address) 120

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**