

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUL 10 1939

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

21211

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399

(b) Township RAW Primary Registration District No. 1002 Registered No. 2479

(c) City KANSAS CITY (d) Street No. 3816 - EAST - 23 RD TERRACE
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

2. PRINT FULL NAME MR. WILLIAM TAYLOR GUERRANT

(a) Residence, No. 3816 - EAST - 23 RD TERR. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. ELLA H. GUERRANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 76 MONTHS _____ DAYS _____ If less than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) NEAR SLATER (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME ROBERT GUERRANT

14. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY) O

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY) I

17. INFORMANT MR. LOUIS GUERRANT (ADDRESS) 3816 - EAST - 23 RD TERR

18. BURIAL, CREMATION, OR REMOVAL PLACE SLATER, MO. DATE JUNE 21, 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SON (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 6/19, 1939 M.M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1939, to June 18th, 1939
I last saw him alive on June 16th, 1939. Death is said to have occurred on the date stated above, at A.M.
The principal cause of death and related causes of importance were as follows:
June 6th 1939 1st Exam
" 13th 1939 2nd "
Chronic Myocarditis
Circulatory disturbances
my Lower Legs
Coldness

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? no

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? no
If so, specify _____ (Signed) J.E. Kuehl, M. D.
(Address) 1420 Montgall
Kansas City, Mo.

Date of onset June 6, 1939

1475 Mountgall

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 E M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Ma

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.