

JAN 12 1940

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

43036
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 156
(b) Township Grand River Primary Registration District No. 5219
(c) City (d) Street No. Registered No. 70
(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

550 Lucille Camille Guinn
(a) Residence, No. 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 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 C. C. Guinn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 - 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 10
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Home-maker
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) Tennessee

FATHER 13. NAME Jonathan Hicks

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Bob Guinn Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Cemetery DATE 1/31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ROBINSON BURGER'S HARRISONVILLE, MO.

20. FILED 12/30, 1939 B. Edwards, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-9-, 1939, to 12-28, 1939

I last saw her alive on 12-21, 1939 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
arteriosclerotic changes

Other contributory causes of importance Chronic interstitial nephritis

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 David S. King M. D.

(Signed) Bob Guinn (Address) Harrisonville Mo.

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, Mo.

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.