

Registration District No. 73Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville Mo
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) iv(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days 3 1/2
1 (71)3. (a) PRINT FULL NAME JOHN, MAC. GUFFEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Dec 24 1937
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 1 6 hr. min.9. Birthplace Unionville Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Hal Guffey13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Marie Guffey15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Frank Guffey(b) Address Huntsville Mo17. (a) Burial (b) Date thereof Feb 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville18. (a) Signature of funeral director Tom B Patton(b) Address Huntsville Mo19. (a) Mar-2-1940 (b) W. D. A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph(c) City or town Huntsville
(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 Jan day 30, 1940
year 6 hour 15 minute _____ P. M.21. I hereby certify that I attended the deceased from Nov 1, 1939 to Jan 10, 1940;that I last saw him alive on Jan 10, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Chronic heart disease Duration
(myocarditis) 2 yrsDue to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy none

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? _____

(e) Means of injury _____
(Specify type of place)23. Signature P. V. Dreyer M.D. (M.D. or other) _____Address Huntsville, Mo. Date signed 2/9/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-40-609

Date Filed MAR 5 1940

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, W

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.