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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 3 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17825

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 119

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 515 Hitt. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Wm Herndon Guitar

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 Married

6. (b) Name of husband or wife Eddie 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec. (Month) 24 (Day) 1867 (Year)

8. AGE: Years 72 Months 5 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Columbia (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name David Guitar

13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Herrit Herndon

15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. H. Guyton

(b) Address 515 Hitt St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 2 40 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem

18. (a) Signature of funeral director Paul McNary

(b) Address Parker's Columbia Mo

19. (a) 6/1/40 (Date received by local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to:	
Due to: A2C	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations ____ Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Robert H. Simpson (M. D. or other) M.D.

Address Columbia, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1941

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 me

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Tom McHarg Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.