DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35615

FILED NOV 15 1940

Registration District No. 108 — Primary Registration District No. 5562 — Registrar's No. 196

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Rural - Marion Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 4, Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 21 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: Route # 4, Carthage.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Lucinda Jane Guinn

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Marion Guinn.

6. (c) Age of husband or wife if alive: 30, years

7. Birth date of deceased: Oct. (Month) 30, (Day) 1864 (Year)

8. AGE: Years: 76 Months: 0 Days: 0 If less than one day: ____ hr. ____ min.

9. Birthplace: [illegible] (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ?

FATHER
12. Name: M. K. Rinehart.
13. Birthplace: ____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Sophia Hoobler
15. Birthplace: ____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature: Horace M. Guinn
(b) Address: Route # 4, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Fullerton Cemetery.

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: 1208 S. Garrison, Carthage, Mo

19. (a) Nov. 1, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 30, year: 1940 hour: 11:00 minute: A. M.

21. I hereby certify that I attended the deceased from October 23rd, 1940, to Oct. 30, 1940, that I last saw him alive on Oct. 30, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Emphysema	6 days
Due to:	
Other conditions: ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None.
Of autopsy: None

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): No
(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: M. J. Horne, M.D. (M. D. or other) M.D.
Address: Carthage, Mo. Date signed: 11/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.

40-11-556

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. 2222

P. O. Address. Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.