

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1177**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—NEVER DEC 10 1940

**PLACE OF DEATH:**  
Buchanan

(a) County Buchanan

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

(c) Name of hospital or institution:  
6308 Sherman  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 4 Mo., 27 Days  
years, months or days

3. (a) PRINT FULL NAME Joyce Ellen McGuire

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 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 10, 1940  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER {

12. Name Ivan McGuire

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

14. Maiden name Dorothy Ruth Gilbert

15. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Father (Ivan McGuire)

(b) Address 6308 Sherman

17. (a) Burial (b) Date thereof Nov. 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mission

18. (a) Signature of funeral director John B. Rupp

(b) Address 6054 Pryor

19. (a) Nov. 8, 1940 (b) Th. J. Nestelmaier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 6308 Sherman  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th  
year 1940 hour Four minute A. M.

21. I hereby certify that I attended the deceased from Nov, 7th to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him viewed alive on Nov 7th, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally Smothered ( sufficated) by bed clothing

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(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: Accident

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov, 7th 1940

(c) Where did injury occur? St Joseph, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? ## (Specify type of place) Smothered  
(e) Means of injury

23. Signature B.W. Tadlock (M. D. or other) Coroner

Address King Hill Bldg. Date signed 11-8-40

**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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John E. Ruffalo*

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor, St. Joseph,

**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.