

FILED MAR 14 1941

Registration District No. **599**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
4 East 53rd Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)
In this community 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emile S. Guignon

3. (b) If veteran, name war xx 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia R. Guignon 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 16 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 9 hr. min.

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

10. Usual occupation Realtor

11. Industry or business

MOTHER FATHER { 12. Name Amable Guignon
13. Birthplace Santo Domingo 3
(City, town, or county) (State or foreign country)
14. Maiden name Carmelite Bossier
15. Birthplace Baton Rouge La /
(City, town, or county) (State or foreign country)

16. (a) Informant Barat A. Guignon
(b) Address 700 Ward Parkway

17. (a) Burial (b) Date thereof 2-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City, Mo.

19. (a) 2-26-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 4 East 53rd Terrace
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Margt
1946 to Feb 25 1941
that I last saw him alive on Feb 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial Duration
Deletion - Pulmonary
embolus Pulmonary edema
Due to Carcinoma of lung metastatic
Carcinoma of lung
Due to _____
Other conditions 47
(Include pregnancy within 3 months of death)

Major findings: 470 PHYSICIAN
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. C. Gilbert (M. D. _____)
Address 1228 Park St Date signed _____

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.