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FILED MAR 14 1941 13  
Registration District No.

Primary Registration District No. 3014

State File No.

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 213 East McCarty Street /  
(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 90 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mollie W. Guyot

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Albert Guyot 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 3 1851  
(Month) (Day) (Year)

8. AGE: Years 90 Months 13 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George F. Weiss

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

14. Maiden name Julia Hoovis

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

16. (a) Informant [Signature]

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Jefferson City, Missouri

19. (a) 2/18/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 213 East McCarty Street 4  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to July 16, 1941  
that I last saw him alive on July 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Branch Pneumonia

Due to Asphyxia

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

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_

Address [Signature] Date signed 2-16-41

Duration

1 wk

3 ds

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**