

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

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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15147

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 908 Fulton Ave. 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Cecil E. Guinn

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 10:30 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.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug. 26 1918
(Month) (Day) (Year)

Immediate cause of death: Coronary Embolism (acute) Rheumatic Heart Disease 4 or 5 yrs.

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>7</u>	<u>18</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Marion Guinn

13. Birthplace Elsberry Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Perl Howdeshell

15. Birthplace Elsberry Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Perl Guinn

(b) Address 908 Fulton Ave.

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? _____

17. (a) Removal (b) Date thereof Apr 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Missouri

18. (a) Signature of funeral director J. G. Fisher 4/14

(b) Address Hannibal Missouri

19. (a) April 22, 1941 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

() Means of injury _____

23. Signature R. G. Sultman (M. D. or other) 0

Address Hannibal Mo Date signed 4/23/41

NOV 1954

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..... *Harold Palmer*

Licensed Embalmer No. *3889*

P. O. Address *Henrietal No*

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

If this body is not embalmed, fact should be so stated above.