

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19330

Do not use this space.

## 1. PLACE OF DEATH

(a) County Wright Registration District No. 906  
 (b) Township Hart Primary Registration District No. 4547 Registered No. 5  
 (c) City Hartville Mo (d) Street No. 1 St. 0  
 (e) Length of residence in city or town where death occurred yrs. 2 mos. X ds. X (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John Guffey  
 (a) Residence, No. Hartville Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>73</u>	MONTHS <u>X</u>	DAYS <u>X</u>
If LESS than 1 day, .....hrs. or .....min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Coal Miner</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Dr. J. R. Matt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hartville</u> DATE <u>May 8 1941</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Geo. E. Holdren</u> <u>Hartville Mo.</u>		
20. FILED <u>May 2 1941</u> <u>W. P. Wynn</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1941

22. I HEREBY CERTIFY, That I attended deceased from June 10 1940 to May 2 1941  
 I last saw him alive on April 30 1941 Death is said to have occurred on the date stated above, at 9.40 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Interstitial Nephritis Date of onset 1938

Other contributory causes of importance: 131 a

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify (Signed) J. R. Matt O. M. D.  
 (Address) Hartville Mo.

RECEIVED

District Health Officer No. 6,

District File No. 641-926

Date Filed 1761 D I NRP

81. 10/17/96

STATEMENT BY LICENSED EMBALMER

I, Gene E. Holden, Licensed Embalmer No. 3865

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Gene E. Holden  
Licensed Embalmer No. 3865

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.)