

2  
L-41  
-39  
K28390

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19383 ~~13006~~  
State File No.

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Salt River township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Kirksville Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 60yr.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town rural  
(If outside city or town limits, write "RURAL.")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Cora May Guy

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 married  
6. (b) Name of husband or wife Charles N. Guy  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased May 14 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 26 27  
If less than one day hr. min.

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

10. Usual occupation Farm wife

11. Industry or business Farm

MOTHER FATHER

12. Name John Greenstreet  
13. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan J. Ivie  
15. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles N. Guy  
(b) Address Kirksville Mo.

17. (a) Burial (b) Date thereof May 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Park Cent.

18. (a) Signature of funeral director Laura Riley  
(b) Address Kirksville Mo.

19. (a) May 15/41 (b) Spencer L. Ineman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1941 hour 3 minute 22 P. M.

21. I hereby certify that I attended the deceased from May 5 1941 to May 10 1941;  
that I last saw her alive on May 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Catahal Duration

Due to apoplexy

Due to ✓

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

Major findings:  
Of operations ✓  
Of autopsy do

PHYSICIAN  
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?

(Specify type of place) 3  
While at work?..... (e) Means of injury ✓

23. Signature L. J. Camer (M. D. or other) ✓  
Address May 12 Kirksville Date signed 4/12/41

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1167

Date Filed JUN 18 1941

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.....

Laura Riley

Registered Apprentice No. 3907

working under my personal supervision.

Signed Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville Mo.

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.