

No. 2  
4-41  
17-39  
X28390

State File No. ....

Registrar's No. 938

DEC 15 1941

Registration District No. 318

Primary Registration District No. 5440

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural  
(c) Name of hospital or institution St. Elizabeth's Hospital  
(d) Length of stay: In hospital or institution 5 weeks  
In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
(c) Name of hospital or institution St. Elizabeth's Hospital  
(d) Length of stay: In hospital or institution 5 weeks  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Edward Guy, Jr.

(b) If veteran, name war NO

(c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased Nov 5 1925

8. AGE:

Years 16 Months 0 Days 25

9. Birthplace

Denver Iowa

10. Usual occupation

School Student

11. Industry or business

MOTHER FATHER

12. Name Edward Guy, Sr.  
13. Birthplace Des Moines Iowa  
14. Maiden name Ann Branchamp  
15. Birthplace Des Moines Iowa

16. (a) Informant Edward Guy, Sr.

(b) Address McCracken Mo.

17. (a) Burial

(b) Date thereof Dec 24

(c) Place: burial or cremation Des Moines Iowa

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) 12-2-41

(b) W. E. Handley MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1941 hour 10 minute 30 P.M.  
21. I hereby certify that I attended the deceased from October 5 1941 to November 30 1941 that I last saw him alive on November 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis results of ruptured appendix  
Due to Peritonitis results of ruptured appendix

Other conditions 12/1/41

Major findings: Ruptured Appendix peritonitis  
Of operations Ruptured Appendix  
Of autopsy peritonitis

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
3. Signature W. E. Handley MD  
Address Ozark Mo. Date signed 12-1-41

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed: T. B. Chaffin  
Licensed Embalmer No. 2192  
P. O. Address Ozark 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, fact should be so stated above.**

X