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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1941

Registration District No. 378

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5526

38426

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Howard, 6

(b) City or town Richmond 1 Rural 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dun home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard 45

(c) City or town Fayette, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Deta Elmyra Mc Guire,

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 single

6. (b) Name of husband or wife —

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

7. Birth date of deceased July 8th 1929
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
12	4	17	hr. min.

9. Birthplace Missouri, 6
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George Newton Mc Guire,
13. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nina Smith,
15. Birthplace Michigan, 1
(City, town, or county) (State or foreign country)

16. (a) Informant George Newton Mc Guire,
(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 11 26th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) 11-29-41 (b) Anna P. Kindall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1941 hour 5 minute 25 P M.

21. I hereby certify that I attended the deceased from Sept. 1940, to Nov. 25, 1941;
that I last saw her alive on Nov. 25, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral heart disease	1
Due to Acute rheumatic fever	15 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

58

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)
While at work? (e) Means of injury 0

23. Signature M. P. Leech D. M. D. (M. D. or other)
Address Lee Hospital, Fayette, Mo. Date signed 11-29-41

341

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 12-15-41

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 Guy T. Harvey

Licensed Embalmer No. 296

P. O. Address Tupelo Miss

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, above space should be left blank.