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FILED DEC 4 1941

Registration District No. 528

Primary Registration District No. 5722 A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural, Callao Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: - /
(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 Macon
(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? ? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Guffey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife deceased James Guffey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 - 22 - 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 0 _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Sneed
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ann Johnson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norris Day
(b) Address Macon, Missouri

17. (a) Burial (b) Date thereof Nov 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bever Cemetery

18. (a) Signature of funeral director Albert Skunk
(b) Address Macon, Missouri

19. (a) Nov 28 - 1941 (b) J. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 21
1941 to Nov. 22, 1941
that I last saw h. E.R. alive on Nov. 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarct Duration 2 days
Due to Perminous Anemia 2 Mos

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 730
Of operations _____
Of autopsy _____

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 ?
23. Signature A. L. Winder (M. D. or other) DO
Address Callao Date signed Nov 26 1941

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

411

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 *Paul G. Ballou*

Licensed Embalmer No. *4206*

P. O. Address *Macon, Missouri*

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.