

FILED MAY 7 1949
Registration District No. 849

Primary Registration District No. 4514

Registrar's No. 1

105
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Green Castle Mo.
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Green Castle 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Gordon Emmett Guiles

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-24-9405

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1942 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 13 1942 to April 13 1942 that I last saw him alive on April 13 and that death occurred on the date and hour stated above.

4. Sex Male (1) 5. Color or race White

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

6. (b) Name of husband or wife Ethel Guiles

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: January 9 1879
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration one hour

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>4</u>	hr. _____ / min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1301

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

10. Usual occupation Merchant

11. Industry or business Furniture

12. Name Milton A. Guiles Penn!

13. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bailey

15. Birthplace Iowa Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Guiles

(b) Address 2057 Cleveland Granite City, Mo.

17. (a) Burial (b) Date thereof April 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem.

18. (a) Signature of funeral director Wm. E. ...

(b) Address Green City, Missouri

19. (a) 5-4-42 (b) Chas. M. ...
(Date received local registrar) (Registrar's signature)

Major findings: 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 _____

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 Chas. M. Lewis (M. D. 4/17/42)

Address Greencastle Mo. Date signed 4-17-42

RECEIVED

District Health Officer No. 10

District File Number 5-42-900

Date Filed MAY 6 1942

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 Glen E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City 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.