

FILED JUL 27 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2738**

418  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**4408 Euclid /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **46 Years** (Specify whether years, months or days)

In this community **46 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John A. Guinn**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male** 0

5. Color or race **White**

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

6. (b) Name of husband or wife **Clara Guinn**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **January 1 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>6</b>	<b>14</b>	hr. min.

9. Birthplace **Iowa /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER { 12. Name **Vincent Guinn**

13. Birthplace **unknown /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Chambers**

15. Birthplace **unknown /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clara Guinn**

(b) Address **4408 Euclid**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **7-18-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **Kansas City, Mo.**

19. (a) **7-18-42** (Date received local registrar)

(b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4408 Euclid** **8**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15th.**  
year **1942** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 8**  
19**42** to **July 15** 19**42**  
that I last saw him alive on **July 15** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary thrombosis** **4 hours**  
**arteriosclerosis** **years**

Due to **arteriosclerosis**

Due to **gpa**

Other conditions **gpa**  
(Include pregnancy within 3 months of death)

Duration

4 hours

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations **none**

Of autopsy **none**

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?

While at work (Specify type of place)

Means of injury **0**

23. Signature **John T. Shinnier** (M. D. or other) **MO**

Address **1402 B. ...** Date signed **7-15-42**

F.EMS

1487  
11 Apr  
Bryant

Dr. Skinner  
7010

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

Signed C. H. Wise  
.....  
Licensed Embalmer No. 2570  
.....  
P. O. Address K.C.M.  
.....

**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.**