S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23847

Primary Registration District No. 1001

Registrar's No. 682

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years, (Specify whether years, months or days)
In this community 11 mo., 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 11
(c) City or town Kansas City 1
(If outside city or town limits, write "RURAL") 7
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Joseph Guerin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Guerin
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased October (Month) 28 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
55	8	16	hr. min.

9. Birthplace Lane (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation R.R. Special officer
11. Industry or business Unknown.
MOTHER FATHER
12. Name Joseph Guerin
13. Birthplace Montreal (City, town, or county) Canada (State or foreign country) 2
14. Maiden name Rosenna Johnson
15. Birthplace Atchison Co (City, town, or county) Kansas (State or foreign country) 1
16. (a) Informant Recorder State Hosp #2
(b) Address St. Joseph, Mo. July 13, 1942
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ~~July 13, 1942~~ (Month) (Day) (Year)
(c) Place burial or cremation Kansas City, Missouri
18. (a) Signature of funeral director Herman W. Schulte
(b) Address 1802 Union St. St. Joseph Mo.
19. (a) 7-15-42 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 23, 1929, to July 14, 1942, that I last saw him alive on July 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Edema — 7-12-42
Due to Arteriosclerotic Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 111 C
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
(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 D. P. Johnson (M. D. or other) M.D.
Address State Hosp #2 St. Joseph, Mo Date signed 7-14-42

1255 (Licensed Embalmer's Statement on Reverse Side)

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 Herman Wm Sidenfaden

Licensed Embalmer No. 2720

P. O. Address St. Joseph 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.