

BUREAU OF THE CENSUS

MAY 5 1942
814 2Registration District No. 11 814 2Primary Registration District No. 4512

1. PLACE OF DEATH:

- (a) County Stone
 (b) City or town Crane, 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 _____
years, months or days)3. (a) PRINT FULL NAME Coia D. Guinn

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed6. (b) Name of husband or wife George J. Guinn 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased February 27 1877
(Month) (Day) (Year)8. AGE: Years 70 Months 2 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Barry Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Milton Barry Co.
13. Birthplace Barry Co.
(City, town, or county) (State or foreign country)14. Maiden name Mary Ann Wilson
15. Birthplace Barry Co.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Cyrus Guinn(b) Address Crane Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-1942
(Month) (Day) (Year)(c) Place: burial or cremation Crane Mo18. (a) Signature of funeral director George H. Malone(b) Address Crane Missouri19. (a) 5-7-42 (Date received local registrar) (b) George Malone (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 159(c) City or town Crane
(If outside city or town limits, write "RURAL")(d) Street No. _____ (If rural, give location) D

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 2 minute - A. M.21. I hereby certify that I attended the deceased from May April
25, 1942, to May 7, 1942,
that I last saw her alive on May 6, 1942,
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration 12 daysDue to Arteriosclerosis 2 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 9/4 a

Major findings: _____ PHYSICIAN _____

Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature H. L. Kerr (M. D. or other) _____Address Crane Mo Date signed 5/7/42

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

Rev. 5-17-39
Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 *Gray H. McElroy*
Licensed Embalmer No. 3827
P. O. Address *Elm St*

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.