

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38397**
Registrar's No. _____

FILED DEC 13 1942

Registration District No. **37**

Primary Registration District No. **4546**

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **Denver, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **North County Farm 5 Denver, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 yrs**
years, months or days

3. (a) PRINT

FULL NAME **Marshall T McGuinn**

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex **m** 5. Color or Race **w** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Elora McGuinn** alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **75** Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace **St Joseph, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Farmer**

12. Name **Martin V. McGuinn**

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

14. Maiden name **Malissa McGuinn**

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

16. (a) Informant **C. E. McGuinn**

(b) Address **Stanberry, Mo**

17. (a) **Burial** (b) Date thereof **11-22-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flag Springs Cemetery**

18. (a) Signature of funeral director **Frank B. B. B.**

(b) Address **Denver, Mo.**

19. (a) **Dec 1-1942** (b) **Delene Scadden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **North**
(c) City or town **Denver, Mo. (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25**
year **1942** hour **3** minute **20 A.M.**

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death **hypertension and body completely cremated**
Due to **None present found**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

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) **accident 113**

(b) Date of occurrence **11-25-42**

(c) Where did injury occur? **Denver, North, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **Sleeping** (Specify type of place) (e) Means of injury _____

23. Signature **J. C. Duffell** (M.D. or other) **Coroner**

Address **Boonville, Mo.** Date signed **11-25-42**

DEC 16 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.