

FILED JAN 11 1943

Registration District No. _____

Primary Registration District No. **4009**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **SAVANNAH**
(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 **Retta Miller Guinn**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Robert Guinn** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **9 - 28 - 1865**
(Month) (Day) (Year)

8. AGE: Years **77** Months **2** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Washington Co Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John Miller**
13. Birthplace **Un Known** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine May**
15. Birthplace **Un Known** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Guinn**
(b) Address **SAVANNAH MO**

17. (a) **B.** (b) Date thereof **12-20-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SAVANNAH**

18. (a) Signature of general director **E. C. Brest**

(b) Address **Savannah mo**

19. (a) **12-19-1942** (b) **J. H. Fitchman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **SAVANNAH**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **17**
year **1942** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Oct 4** to **Dec 17**, 19**42**
that I last saw him alive on **Dec 17**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Due to **Arteriosclerosis**
Myocardial infarction
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93d**
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature **Walter Miller** (M. D. or other) **43**
Address **Savannah mo** Date signed **Dec 19**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *E. L. Breit*

Licensed Embalmer No. *2630*

P. O. Address *Savannah 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.