

1917

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 9 1943  
FILED FEB 6 1943

Registration District No. ....

Primary Registration District No. 4112

Registrar's No. ....

1. PLACE OF DEATH:

(a) County... CHARITON  
(b) City or town... DALTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... CHARITON  
(c) City or town... DALTON 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? ... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME... LESLIE C. GUILFORD

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

4. Sex... MALE color... WHITE  
5. Color or race... WHITE  
6. (a) Single, widowed, married, divorced... MARRIED  
6. (b) Name of husband or wife... RUTH 6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... FEBRUARY 21 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 9 If less than one day hr. min.

9. Birthplace... ROCKFORD MO  
(City, town, or county) (State or foreign county)

10. Usual occupation... GENERAL MECHANIC

11. Industry or business...

MOTHER FATHER

12. Name... OSWALD GUILFORD

13. Birthplace... INDIANA  
(City, town, or county) (State or foreign county)

14. Maiden name... MISSOURI CO  
(City, town, or county) (State or foreign county)

15. Birthplace... MISSOURI  
(City, town, or county) (State or foreign county)

16. (a) Informant... Marvin Guilford  
(b) Address... Dalton Mo.

17. (a) Burial (b) Date thereof... JAN 1 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Burial, Ashbury

18. (a) Signature of funeral director... L.W. Maxwell  
(b) Address... Brownsville, Mo

19. (a) Jan 1, 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... DECEMBER 30 TH  
year... 1942 hour... 8 minute... 17 M.  
21. I hereby certify that I attended the deceased from April 8, 1940  
1940, to Dec 22, 1942  
that I last saw him alive on Dec 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death... Sarcoma (Yam muscle jaw base)  
Duration

Due to... 450

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Hist at Elliott Truitt Hospital  
Of operations... Calumet Mo

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) ...  
Means of injury ...

23. Signature... J.L. Fisher DO (M. D. or other)  
Address... BRUNSWICK Mo Date signed...

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

4100

P

1024

RECEIVED

Health Officer No. 8,

District File Number

Filed 2-8-43

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 *L. M. Weisul*

Licensed Embalmer No. 823

P.O. Address *Brunswick 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.