FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2691
Do not use this space.

54 2 1

1. PLACE OF DEATH

(a) County: Lafayette — Registration District No.: 172

(b) Township: ~~Davis~~ — Primary Registration District No.: 3034 — Registered No.: 71

(c) City: Higginsville — (d) Street No.: / St.: /

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice K. Guyton

(a) Residence, No. ____ St. ____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) /

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	/ White	5 Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th 1861

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
81	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT Mrs. Clayton Points
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE 12/27/42

19. FUNERAL DIRECTOR (NAME) A. H. Hader
(ADDRESS) Higginsville, Mo.

20. FILED 12-27-1942 Dr. W. A. Braeckleu
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1942, to Dec 24, 1942

I last saw her alive on Dec 24, 1942. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy —	Dec 24-1942
with Arteriosclerosis —	many years

Other contributory causes of importance: 830 1

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Koppenhaver, M. D.

(Address) Higginsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRY

District Health Officer No. 8,

District File Number

Date Filed 1-14-43

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 [illegible]

Licensed Embalmer No. 4269

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.