

FILED MAR 9 1943
Registration District No. 241

Primary Registration District No. 3025

Registrar's No. 17

46
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Hawaii

(b) City or town: West Plains
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 months (Specify whether years, months or days)

In this community: 15 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. County: Hawaii

(c) City or town: West Plains
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt D 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Regina B. Guisenberry

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1943 hour 7 minute am

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: Barbara A. Guisenberry

6. (c) Age of husband or wife if alive: 24 years

7. Birth date of deceased: Dec 24 - 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 22, 19 43 Febr. 17, 19 43
that I last saw him alive on Nov. 22, 19 42
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 1 Days 24 If less than one day hr. min.

Immediate cause of death: Myocarditis, chronic with valvular deficiency
and Arteriosclerosis

Duration: ?

9. Birthplace: Calderwood Co., Ky.
(City, town or county) (State or foreign country)

10. Usual occupation: Retired Farmer

Due to: ✓

Other conditions: ✓
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business: Guisenberry

12. Name: Guisenberry

13. Birthplace: Ky.
(City, town, or county) (State or foreign country)

14. Maiden name: Blattley

15. Birthplace: Calderwood
(City, town, or county) (State or foreign country)

Major findings: ✓

Of operations: ✓

Of autopsy: ✓

PHYSICIAN: 938

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Mary Adams

(b) Address: West Plains, Mo.

17. (a) (Burial, cremation, or removal): buried

(b) Date thereof: 2/19-43
(Month) (Day) (Year)

(c) Place: burial or cremation: West Plains

18. (a) Signature of funeral director: W. H. ...

(b) Address: West Plains, Mo.

19. (a) 2-20-43 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

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: W. H. ... (M.D. or other) M.D.
Address: West Plains, Mo. Date signed: 2/19/43

RECEIVED

District Health Officer No. 51

District File Number

343132

Date Filed

3-5-43

MAR 18 1943

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

Raymond D. Roberts

Licensed Embalmer No.

3435

P. O. Address

West Plains, 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.