

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 28

Registered District No. 5991

Primary Registration District No. 5991

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

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL, RICHLAND TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
UNIONVILLE, MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam⁸⁶

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Benjamin Guffey

3. (b) If veteran, name war.....

3. (c) Social Security No. 356-09-3441

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1943 hour 7⁰⁰ minute 9 M.

21. I hereby certify that I attended the deceased from Feb 26, 1943 to MAR-6, 1943.
that I last saw h.l.m. alive on MAR-4, 1943
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or Grace W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife BERTHA

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JAN 21 1880
(Month) (Day) (Year)

Immediate cause of death Double Mastoid

Due to Influenza Duration 9 days

Due to..... Duration.....

8. AGE: Years 63 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Putnam Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Hamelton Guffey

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

14. Maiden name Cynthia Guffey

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

16. (a) Informant Bertha Guffey

(b) Address Unionville Mo

17. (a) Burial (b) Date thereof 3 9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phenix Cem.

18. (a) Signature of funeral director Huald P. Song

(b) Address Unionville Mo

19. (a) 3/16/43 (b) C. Guffey
(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 Neal Martin (M. D. or other)
Address Unionville Date signed 3/16/43

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.

RECEIVED

District Health Officer No: 10

District File Number 4-43-755

Date Filed APR 15 1943

Signed F. O. Hustled

Licensed Embalmer No. 2975

P. O. Address Unionville

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.