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No. 1
-2-43
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 9 1943
Registration District No. 172

Primary Registration District No. 5480

Registrar's No. 109

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Franklin Rural Trenton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5 (Trenton Mo)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital~~ or institution 11 months
(Specify whether in this community 66 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

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

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

3. (a) PRINT FULL NAME SIGLE THE GUIRE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased unknown 1968
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>80</u> | <u>✓</u> | <u>✓</u> | hr: min. |

9. Birthplace Randolph co Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name Jacob M. Gwire

13. Birthplace Randolph co Ind
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Driver

15. Birthplace Randolph co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Robertson

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof July 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laredo cemetery

18. (a) Signature of funeral director E. J. Robertson

(b) Address Laredo Mo.

19. (a) 8-2-43 (b) R. D. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1943 to 1943
that I last saw him alive on July 8
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Disease of Heart
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) ASCZ

Duration years

PHYSICIAN
Major findings:
Of operations:
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) (e) Means of injury 0

23. Signature D. R. Rocks (M. D. or other) 7-30-43
Address Trenton Mo. Date signed

1330

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.....

J. M. Robertson....., Registered Apprentice No. *355*
working under my personal supervision.

Signed *E. J. Robertson*.....

Licensed Embalmer No. *2468*.....

P. O. Address *Fareddo, miss.*.....

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.