S. No. 2
M—2-43
5-17-39
I X15697

FILED OCT 13 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31213

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 919

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

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2319 South 6th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether In this community: 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2319 South 6th St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Hazel Guyey

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

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: 3 divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 4 1909 (Month) (Day) (Year)

8. AGE: Years 33 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Joseph Guyey
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Freelove Hazzard
15. Birthplace: Halls, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs Gertrude Lopez
(b) Address: 2138 South 10th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Auburn Cem
18. (a) Signature of funeral director: Tracy Barry Fun. Home
(b) Address: 218 South 10th St St Joseph, Mo
19. (a) 8/23/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Oct 16, 1942, to Aug 20, 1943 that I last saw her alive on Aug 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Cervix of Uteris metasticies to descending
Due to: Colon
Due to: Diarrhea — Duration: 2 months
Other conditions: ✓ (Include pregnancy within 3 months of death)
Major findings: Of operations: ✓
Of autopsy: ✓

48a

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Charles H. Werner (M. D. or other)
Address: 28 Kirkpatrick Bldg St Joseph, Mo Signed Aug 21-43

1233

(Licensed Embalmer's Statement on Reverse Side)

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.....Jon Clark

Licensed Embalmer No. 4716

P. O. Address St Joseph

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.