

BUREAU OF THE CENSUS
FILED OCT 7 1943

Registration District No. 100

Primary Registration District No. 2390

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Spring Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community about 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 033
(c) City or town Rural Spring Creek Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Josiah Ross Guinley

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

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

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

7. Birth date of deceased March 16 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 22 If less than one day hr. _____ min.

9. Birthplace New Market Forge Penna
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

12. Name Peter H Guinley

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

14. Maiden name Mary H. Guinley

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

16. (a) Informant P. M. Guinley

(b) Address Salem Mo

17. (a) burial (b) Date thereof 9/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Ep. Cem

18. (a) Signature of funeral director Carl A. Spurr

(b) Address Salem Mo

19. (a) 9-29-43 (b) Jac. H. McLeod by Dea
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-28-43
1943 to 9-28 1943
that I last saw him alive on 9-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____
Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place)
(c) Means of Injury _____
23. Signature Charles Jacks (M. D. or other) D.O
Address Salem, Mo Date signed 9-29-43

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

33
0

MOTHER FATHER

1771

RECEIVED

District Health Officer No. 5,

District File Number 1043591

Date Filed 10-6-43

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

Carl H. Spencer

Licensed Embalmer No.

92362

P. O. Address

Salem 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.