

FILED OCT 20 1943 139

Registration District No. 139

Primary Registration District No. 5039

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Portescue *Mountain View*
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Portescue
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Nathan McGuire

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-07-9066

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marieta McGuire 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 17 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 7 hr. _____ min.

9. Birthplace Barnard Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name William Albert McGuire
13. Birthplace Unknown
14. Maiden name Adeline Pickeral
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marieta McGuire
(b) Address Portescue, Missouri

17. (a) Burial (b) Date thereof Sept. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James B. Galt
(b) Address Mo.

19. (a) 9-29-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1943 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from Sept 24 to Sept 24, 1943
that I last saw him alive on Sept 23 and that death occurred on the date and hour stated above.

Immediate cause of death Prostration from cerebral thrombosis
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 Gas Chary (M. D. or other)
Address Mo. city Mo. Date signed 9-29-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

44
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DEC 9 1946

[Faint handwritten notes and scribbles]

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.