. No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41146

FILED JAN 3 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5352

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Found dead in 3 car 24th Hally
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 977

(c) City or town Kansas City 17
(If outside city or town limits, write "RURAL")

(d) Street No. 630 S 10th St 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Lloyd P. McGuffin McGuffin

3. (b) If veteran, name war No

3. (c) Social Security No. 708146650

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Birdie McGuffin

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 1 (Month) 1 (Day) 1900 (Year)

8. AGE: Years 43 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Gardner (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Clerk in Store Department

11. Industry or business Rock Island Railway

FATHER
12. Name George W. McGuffin
13. Birthplace Hillsdale (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Lucy Mast
15. Birthplace Hillsdale (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant Mrs L.P. McGuffin
(b) Address 630 S 10th St K.C. Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Horton Kansas

18. (a) Signature of funeral director Daniels Bros.
(b) Address 644 Kansas Ave Kansas City Kans

19. (a) 12-17-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Carbon Monoxide

Due to Intoxication

Due to 178 C

Other conditions (Include pregnancy within 3 months of death) 14

Major findings:
Of operations .....
Of autopsy See Above

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) Accident 123

(b) Date of occurrence Dec 15 1943

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury Gas

23. Signature A. E. Assher (M. D. or other) M.D.
Address 23 McCoy Date Dec 15 43

(Licensed Embalmer's Statement on Reverse Side)

McGriffen

MAY 17 1949

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 L. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.