

FILED DEC 17 1943
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 2014 Chestnut St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion Co.

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2014 Chestnut 4
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country none. 0

3. (a) PRINT FULL NAME Justus Henry Mc Guire

3. (b) If veteran, name war no

3. (c) Social Security No. 70205-1044

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 31, 1943 to Nov 1, 1943
that I last saw him alive on Nov 1, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W. am.

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

6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 11 1878
(Month) (Day) (Year)

Immediate cause of death Carcinoma mouth

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 3 Days 19
If less than one day hr. min.

9. Birthplace Christian County Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy not held

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

10. Usual occupation Railroad Special Agent

11. Industry or business Railroad

12. Name Edward Mc Guire

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

14. Maiden name unknown

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

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 G. S. Salver (M. D. or other)
Address Hannibal Date signed 11-1-43

16. (a) Informant Mrs Sadie Mc Guire

(b) Address 2014 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery St. Louis Mo.

18. (a) Signature of funeral director J. H. Muller

(b) Address 5041 N. Lamar St. Louis, Mo.

19. (a) 11-3-43 (Date received local registrar) (b) RW Connor (Registrar's signature)

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

64
3
4

JAN 3 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.