

2
43
-39
39897

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 41

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:
5615 Harrison,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO.
73 years (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Mrs. Ruth Chillis Guffin

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oren H. Guffin

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

7. Birth date of deceased: February 12 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	10	24	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Edwin Chillis,

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

14. Maiden name Aminda Taylor

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

16. (a) Informant Helen E. Guffin,

(b) Address 5615 Harrison, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-5-44
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 5, 1944 (Date received local registrar)

(b) J. B. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

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

(d) Street No. 5615 Harrison
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th

year 1944 hour 2:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec 11 1943 to 1-5 1944

that I last saw her alive on 1-4 1944

and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to _____

Due to _____

Other conditions 101
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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)

(a) Yes (b) Cause of injury

23. Signature George C. Lee (M. D. or other)

Address 1630 Prof Bldg Date signed 1/5/44

MOTHER FATHER

Dr. George Lee

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. 1416

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.