

V. S. No. 2
FORM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25105

FILED AUG 11 1944

Registration District No. 3038

State File No. _____
Registrar's No. J. J. J.

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brooksfield
(c) Name of hospital or institution: McHarney
(d) Length of stay: In hospital or institution 2 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME John P. Guilled
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 6 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Garage owner

11. Industry or business Auto Repair MAN

MOTHER FATHER

12. Name John A. Guilled

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

14. Maiden name Adèle Guillet

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

16. (a) Informant Miss Mary Guilled

(b) Address Triphlett Mo

17. (a) Burial (b) Date thereof 7/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McHarney

18. (a) Signature of funeral director A. J. ...

(b) Address Mendon Mo

19. (a) 1-31-1944 (b) W. W. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Triphlett
(d) Street No. _____ (e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28 year 1944 hour 40 minute a M.
21. I hereby certify that I attended the deceased from July 27 1944 to July 28 1944
that I last saw him alive on July 28 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to arteriosclerosis - chronic interstitial nephritis
Due to hypertension
Other conditions 0
Major findings: Of operations 0 Of autopsy 0

Duration 2 da
1 1/2 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.
3/a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 0 (Specify type of place) (e) Means of injury 0
23. Signature W. W. ... (M. D. or other) Address Brookfield Mo Date signed 7/27/44

JAN 1 1954

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. 3976

P. O. Address Mendon MA

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.