

S. No. 2
1-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30800

State File No.

FILED OCT 13 1944
Registration District No. 3194

Primary Registration District No. 3017

Registrar's No. 105

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 WEEKS** (Specify whether
In this community **17 YEARS** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** 17

(c) City or town **BOONVILLE** 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. **314 VINE STREET**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME **DR. MORRIS SPENCER McGUIRE M.D.**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MAY REYNOLDS McGUIRE** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **SEPTEMBER 24 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 11 6 hr. min.

9. Birthplace **CAMPBELLSBURG KENTUCKY**
(City, town, or county) (State or foreign country)

10. Usual occupation **PHYSICIAN & SURGEON**

11. Industry or business **MEDICAL PRACTICE**

12. Name **JONATHAN M. McGUIRE**

13. Birthplace **COLUMBIA MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA ANN MORRIS**

15. Birthplace **SULLIVAN KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS M.S. McGUIRE**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **SEPT. 3-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ARROW ROCK, MISSOURI**

18. (a) Signature of funeral director **STEGNER & KOENIG**
BOONVILLE, MISSOURI

(b) Address

19. (a) **Sept-3-44** (b) **Archas Seap.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **30th**
year **1944** hour **5:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **Aug 16**
1944 to **Aug 30-1944**
that I last saw him alive on **Aug 30** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **15 days**

Due to. -

Due to. -

Other conditions. - (Include 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?

(Specify type of place) While at work? (e) Means of injury

23. Signature **J.C. Fincher** (M. D. or other) **M.D.**

Address **Boonville mo** Date signed **Sept 2 44**

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

MOTHER FATHER

1084

(Licensed Embalmer's Statement on Reverse Side)

RECORDED

District Officer No: 8;

District File Number -----

Date Filed 10-10-44

SEP 16 1954
EEB 28 1958

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 W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.