

7. FILED OCT 29 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4210

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:  
St. Luke's Hospital 0  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 18 days (Specify whether  
In this community 38 years (Yes or No)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 41  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 West 66th Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lloyd Bronson Guernsey  
3. (b) If veteran, name war no 3. (c) Social Security No. 486-03-8663

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 19th  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel B. Guernsey 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased August 20th 1886  
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>29</u>	hr. _____ min.

Immediate cause of death  
Septicemia, Sepsis  
Arteriosclerosis of heart  
Due to undetermined  
Due to \_\_\_\_\_

9. Birthplace Kansas (City, town, or county) (State or foreign country)  
10. Usual occupation Vice-president  
11. Industry or business Snover Manufacturing Co., Co.

Other conditions High grade jaundice  
(Include pregnancy within 3 months of death)  
Major findings: 12415  
Of operations \_\_\_\_\_  
Of autopsy as above

MOTHER FATHER  
12. Name John F. Guernsey  
13. Birthplace England 4 (City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Dayton (City, town, or county) (State or foreign country)  
15. Birthplace Penn. 1 (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 \_\_\_\_\_

16. (a) Informant Mrs. Ethel B. Guernsey  
(b) Address 15 West 66th Street  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Mo.  
19. 10-20-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

23. Signature Maurice L. Jones (M. D. or other)  
Address St. Luke's Hospital Date signed 10-19-44

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

**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

*Joseph R. Hunt*  
working under my personal supervision.

Registered Apprentice No. *364*

Signed *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.**