

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37061

State File No.

FILED NOV 20 1944

Registration District No.

Primary Registration District No. 4028

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County BARTON

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

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 62 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BARTON

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR SHARROCK GUFFY

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Augusta Jane Guffy

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

7. Birth date of deceased September 8 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>22</u>	hr. min.

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

10. Usual occupation Carpenter (Retired)

11. Industry or business

12. Name William S. Guffy

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

14. Maiden name Annie Elizabeth Broadbent

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

16. (a) Informant Arthur Guffy, Jr.

(b) Address Liberal, Missouri

17. (a) Burial (b) Date thereof Sept 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Sept 5-1944 (b) Blanche Shockett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 1
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 30
1944 to " 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 Nephritis (chronic) Duration

Due to 31 h

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) Means of injury 0

23. Signature A. G. Eddleman (M. D. or other)

Address Liberal mo Date signed 9/5/44

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8;

Case File Number 1144-1143

Date Filed NOV 1 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 *Carl F. Kowitz*

Licensed Embalmer No. 2247

P. O. Address *Lamar, 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.