

FILED FEB 7 1945

Registration District No. 369

Primary Registration District No. 4588

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont
(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne

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

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

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Clay Guess

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4/17/45
to 4/17/45
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife Kate Gregory Guess (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 3 1875
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to hypertension

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

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

69 6 14 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name James Guess

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

14. Maiden name Mary Gordon

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

16. (a) Informant Mrs. Kate Guess

(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof 1 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Piedmont

18. (a) Signature of funeral director William Cook

(b) Address Piedmont, Mo.

19. (a) Feb. 3, 1945 (b) Mrs. Lottie M. Mann
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature W. J. Clinch M.D. (M. D. or other)
Address Piedmont, Mo. Date signed 1/24/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 245-162

Date Filed 2-6-45

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.....

Coker Funeral Home

Registered Apprentice No.

working under my personal supervision.

Signed *William Coker*

Licensed Embalmer No. 3720

P. O. Address *Piedmont*

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.