

FILED MAR 14 1945

Registration District No. _____

Primary Registration District No. 3035

Registrar's No. 8

14
3
2

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1917 Bloom
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 57

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lafayette
 (c) City or town Lexington
(If outside city or town limits, write "RURAL")
 (d) Street No. 1917 Bloom
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANGELA Guillia
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 11
 year 1945 hour 9 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Feb 11 1945 to Feb 11 1945
 that I last saw her alive on Feb 11 1945
 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Angelo Guillia 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased mar 16 1869
(Month) (Day) (Year)

Immediate cause of death Acute Pulmonary edema
 Due to Myxo-subarachnoid
hemorrhage
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 75 Months 10 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business at home
 12. Name not known
 13. Birthplace " "
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace " "
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant James Guillia
 (b) Address Lexington, Mo
 17. (a) Burial (b) Date thereof 2-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lexington, Mo
 18. (a) Signature of funeral director Harold J. Schaub
 (b) Address Lexington, Mo
 19. (a) Feb-13-45 (b) Mrs. Fred Schaub
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature J. P. Cozart (M. D. or other) _____
 Address Lexington, Mo Date signed 2/11/45

1158

By hand

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3/13/45

DEC 6 1945

DEC 5 1945

JUL 7 1948

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 *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address *Lexington, 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.