S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26996

State File No.

FILED SEP 11 1945

Registration District No.

Primary Registration District No. 5180

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution: Home of Ellis McGuire Yes
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

(c) City or town Decatorville Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Newton McGuire

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Martha Looney

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

7. Birth date of deceased June (Month) 4 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	23	hr. min.

9. Birthplace Camden Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation farming

11. Industry or business

FATHER
12. Name John McGuire
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Mary Hulstene
15. Birthplace (City, town, or county) 1 (State or foreign country) 1 9

16. (a) Informant Ellis McGuire Gen Del.
(b) Address Decatorville, Mo. Gen.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Orb Cem

18. (a) Signature of funeral director Bankson - Woolery
(b) Address Camdenton, Mo

19. (a) Aug 30 45 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 27 year 1945 hour 5 minute 50 A M.

21. I hereby certify that I attended the deceased from Aug. 1, 1945, to Aug. 27, 1945; that I last saw him alive on Aug. 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: angina pectoris chronic	44
Due to	
Due to	
Other conditions none (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)

(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 0

23. Signature E. E. Olaebone M.D. (M.D. or other)

Address Camdenton, Mo. Date signed 8-30-45

1337

(Licensed Embalmer's Statement on Reverse Side)

No. 7
9-45-939
Date filed 9-10-45

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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Abbie Dunbar Woolsey

Licensed Embalmer No. 2488

P.-O. Address Brandenburg 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.