

No. 2
4-243
15-7-31
11-1933

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28351

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 127

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Newburg
(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

JOHN ALVA GUPPEY

(b) If veteran, name war No

(c) Social Security No. Unknown

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 20, 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Newburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER: FATHER:

12. Name Oliver Guffey

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

14. Maiden name Minnie Light

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 8-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roach Cem., Newburg, Mo

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg, Missouri

19. (a) 8-18-45 (b) Ether Rudeoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1945 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 23, 1945 19____ to August 16, 1945
that I last saw him alive on August 16, 1945 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration _____
Manic schizophrenia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No autopsy

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? _____

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

23. Signature Ed. Johnson (M. D. or other) med.

Address Farmington Mo Date signed 8-16-48

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

SEP 25 1945

RECEIVED

District Health Officer No. 4

District File Number 945-1024

Date Filed 9-5-45

SEP 12 1945

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington 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.