. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42239

State File No.

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rayville Rural
(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 All Her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 89
(c) City or town Rayville
(If outside city or town limits, write "RURAL") 0
(d) Street No. South street
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME SARAH H. McGUERRY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William H. McGuerry
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec (Month) 18 (Day) 1873 (Year)

8. AGE: Years 73 Months ✓ Days ✓ If less than one day ✓ hr. ✓ min.

9. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name David Hankins
13. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Sarah Hart
15. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Walden McQuerry
(b) Address Rayville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem
18. (a) Signature of funeral director J E Broadhurst
(b) Address Rayville Rayville
19. (a) Dec 31-45 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

1637 (Licensed Embalmer's Sta

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 29 1945

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1945 to Dec 19 1945
I last saw h alive on Dec 18 1945. Death is said to have occurred on the date stated above, at 9:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance: AGO	
Influenza	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G W Gaines, M. D.
(Address) Richmond, Mo.

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed J E Broadhurst

Licensed Embalmer No. 2171

P. O. Address Rayville

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.