

S. No. 2
OM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
FILED JAN 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. **2570**
Registrar's No. **27**

Registration District No. **99** Primary Registration District No. **5378**

1. PLACE OF DEATH:
(a) County **DeKalb**
(b) City or town **Union Star Mo. R.R.**
(c) Name of hospital or institution: **Farm Home**
(d) Length of stay: **All of life.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **DeKalb**
(c) City or town **Union Star Mo. R.R.**
(d) Street No. **0**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Thomas Clayton Gue st.**
(b) If veteran, name war **No.**
(c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **22**
year **1945** hour **5** minute **P.** M.

4. Sex **Male** 5. Color or race **Cau.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jean Louise** 6. (c) Age of husband or wife if alive **26** years
7. Birth date of deceased **May 18 1919**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **26** Months **7** Days **18** If less than one day _____ hr. _____ min.

Immediate cause of death **Suicide by hanging**
Due to _____

9. Birthplace **Andrew Co. Mo.**
10. Usual occupation **Farmer**
11. Industry or business **Same**

Other conditions (Include pregnancy within 3 months of death) _____
Due to _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name **James Thomas Guest.**
13. Birthplace **Andrew Co. Mo.**
14. Maiden name **Amanda Bashor.**
15. Birthplace **Andrew Co. Mo.**

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) **Suicide by hanging.**
(b) Date of occurrence _____
(c) Where did injury occur? **Union Star Mo. DeKalb Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In barn loft.**

16. (a) Informant **Jean ouise Guest.**
(b) Address **Union star io, R.R.**
17. (a) Burial. (b) Date thereof **12.24. 1945**
(c) Place: burial or cremation **King City Mo.**
18. (a) Signature of funeral director **R. G. Pappat.**
(b) Address **King City Mo.**
19. (a) **Dec 23-45** (b) **Roscoe Davidson**

(c) (Specify type of place) _____
While at work? (c) Means of injury _____
23. Signature **Howard Hutton** (M. D. or Other) **Sheriff**
Address **Maysville Mo.** Date signed _____

100128 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1946

JUL 2 1950

Received
DISTRICT HEALTH OFFICE
Cameron, Mo. 1-18-46

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 *R. G. Taggart*.....

Licensed Embalmer No. 2563.....

P. O. Address. King City 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.