

No. 2
12-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33559**
Registrar's No. **4538**

FILED NOV 12 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7431 BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **15 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **7431 BROADWAY** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **ROYAL THOMAS GUERNSEY**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **702-14-0902**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife **PEARLE LEX** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **AUGUST 25 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **2** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **CEDAR FALLS IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **TRAFFIC COM AGENT**

11. Industry or business **MISSOURI PACIFIC RAILWAY**

MOTHER FATHER

12. Name **GUERNSEY**

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

14. Maiden name **unknown**

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

16. Informant **R. T. Guernsey Jr.**

Address **5419 Oak St**

17. (a) **CREMATION** (b) Date thereof **OCT 29 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DW. NEWCOMER'S SONS**

(a) Signature of funeral director **D. H. Newcomer's Son**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **10-29-46** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** Day **27th**
year **1946** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **Oct 26**
19 **46** **Oct 27** 19 **46**
that I last saw him alive on **Oct 27** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion 2 hrs**
Duration _____

Due to _____
Due to _____

Other conditions: **94A**
(Include pregnancy within 3 months of death)

Major findings: **94A**
Of operations _____
Of 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? _____

(Specify type of place)
While at work? **SW Fair** (e) Means of injury _____
23. Signature **SW Fair** (M.D. or other) _____
Address **524 W 75th St** Date signed **10/28/46**

HOA 1
1-4:30

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 Bernard L. Brown
Licensed Embalmer No. 4250
P. O. Address N O 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.