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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 13 1947**  
Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 385

Primary Registration District No. 5921

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

**1. PLACE OF DEATH:**  
(a) County Pettis  
(b) City or town Rural Blackwater Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rout 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 7 years (years, months or days)

**3. (a) PRINT FULL NAME** JAMES BAILEY GUIER  
3. (b) If veteran, name war L 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Mahala J. Guier 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 24 1865 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>91</u>	<u>3</u>	<u>7</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Trigg County Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Edmund Guier

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

14. Maiden name Polly Peal

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

16. (a) Informant Edmund Guier

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 1-2-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers Mo

18. (a) Signature of funeral director Jesse Harney

(b) Address Sweet Springs Mo

19. (a) 1-2-47 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Pettis  
(c) City or town Sweet Springs (If outside city or town limits, write "RURAL")  
(d) Street No. Rout 2 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Dec day 31 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 31 1946 to Dec 31 1946 that I last saw him alive on D.O.A. and that death occurred on the date and hour stated above.

Immediate cause of death Demilitarization of coronary aorta

Due to age

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94A

Of autopsy \_\_\_\_\_

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 Char. R. Parsons (M. D. or other) MD  
Address Sweet Springs Mo Date signed 12/31/46

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

201 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-11-47

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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

Jessett Hawley

Licensed Embalmer No. 2254

P. O. Address

Sweet Springs 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.