

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23278

State File No. _____

Registration District No. 3

Primary Registration District No. 3003

Registrar's No. 51

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Monett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
301 3rd St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Over 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Monett (If outside city or town limits, write "RURAL")
 (d) Street No. 301 3rd St
 (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes, or No)
 If yes, name country none

3. (a) PRINT FULL NAME Rebecca Ella Guinney
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 19
 year 1947 hour 10 minute 20 A.M.
 21. I hereby certify that I attended the deceased from 7-1-47
21 1947, to 7-19 1947
 that I last saw her alive on 7-18 1947
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Daniel Guinney
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased September 22 1862
 (Month) (Day) (Year)

Immediate cause of death infirmities of old age
myocardial chf
acute cold
with pulmonary edema
 Duration several days
1 wk
3 days

8. AGE: Years 84 Months 9 Days 27
 If less than one day hr. min.

Due to acute cold
with pulmonary edema
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace De Witt County Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business Home
 12. Name Madison Lane
 13. Birthplace Hamilton Co. Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Marada Farmer
 15. Birthplace Hamilton Co. Illinois
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. James Mansfield
 (b) Address 305 14th St Monett Mo.
 17. (a) Burial (b) Date thereof July 21, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 200 F cem Monett Mo.

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature F. J. Manning Hoff (M. D. or other)
 Address Monett Mo Date signed 7/20/47

18. (a) Signature of funeral director Callaway
 (b) Address Monett Mo
 19. (a) 7-21-47 (b) W. M. West
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 61

District File Number

747-777

Date Filed

JUN 23 1947

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 *J. P. Buchanan*
Licensed Embalmer No. *3179*
P. O. Address *Monett 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.