No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24198

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3234

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Cook 994

(c) City or town: Chicago 11
(If outside city or town limits, write "RURAL")

(d) Street No.: 214 East 53rd Street 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 21

If yes, name country:

3. (a) PRINT FULL NAME: Olivia Guidroz

3. (b) If veteran, name war: No

3. (c) Social Security No.: 337-20-3690

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charles Guidroz

6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: August 11, 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	11	17	hr. min.

9. Birthplace: St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: J. P. Sutton 0
13. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hettie Benton 0
15. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Guidroz
(b) Address: 1015 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia Ave.

19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1947 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 7, 1947, to July 28, 1947, that I last saw her alive on July 28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis primary site prostate in utero	3 months
Due to: Post-operative incisional hernia	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 48 h

Of autopsy:

PHYSICIAN — Underline the cause of 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?

(e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)

Address: 2434 Vine St. Date signed 7-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hebblen

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. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.