No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7891

Registration District No. FILED MAR 22 1948

Primary Registration District No. 1000

Registrar's No. 328

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 816 Parker St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Parker St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma L. Guerin
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David A.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 23 (Day) 1873 (Year)

8. AGE: Years 74 Months 7 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Jamesport (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name John O. Stout
13. Birthplace Clarksburg, (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Stiles
15. Birthplace unk (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Mrs. Tessie Milbourn
(b) Address 816 Parker, St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Cemetery
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 3-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 34.2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 1, 1948 to Mar. 14, 1948 that I last saw her alive on Mar. 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Colon	About 6 mos
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	unk.

Major findings:
Of operations
Of autopsy

46E

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 2

23. Signature H. R. Bridenstine (M. D. or other)
Address 214 Schneider, St Joseph Mo Date signed 3/15/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Burial return

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.