

Primary Registration District No. 5572

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
J. C. E. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
 In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town (Water-City) N.C.
(If outside city or town limits, write "RURAL")
 (d) Street No. 800 Arlington
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Delia O'Guin
 3. (b) If veteran, name war No 3. (c) Social Security No. None
 4. Sex F. I 5. Color or race W.
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 27, 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 9 year 1948 hour 11 minute P M.
 21. I hereby certify that I attended the deceased from 4 May 1948 to 9 May 1948 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage
 Duration 6 days

8. AGE: Years 67 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Backusburg Ky
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business Home

MOTHER FATHER
 12. Name Newt O'Guin

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

14. Maiden name Eliza Guerin

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

16. (a) Informant Mrs. Cora Gore
 (b) Address 822 So. Cedar H.C. Mo

17. (a) Burial (b) Date thereof May 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove
 18. (a) Signature of funeral director Dillon L. Tophy
 (b) Address Independence, Mo
 19. (a) May 11, 1948 (b) Arnold C. Carmel
(Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)
 Major findings: None
 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?
 While at work? _____ (a) Means of injury _____
 Signature Dr. E. J. ... Date signed 5/10/48

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

Walter A. Oldfield

Registered Apprentice No. *31*

working under my personal supervision.

Signed *Dixon L. Kopy*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.