DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. 2828

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5808

State File No. 17021

Registrar's No. 7

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

1. PLACE OF DEATH
(a) County Montgomery
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Rural 70
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mile north of Jonesburg 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years 0

3. (a) PRINT FULL NAME William F. Guelzau
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Male
5. Color or race White
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Mr W. F. Guelzau
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb (Month) 21 (Day) 1874 (Year)

8. AGE: Years 74 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Washington (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Nicholas Guelzau
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Bourgeois
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Clarence Guelzau
(b) Address Jonesburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg
18. (a) Signature of funeral director C A Harding
(b) Address Jonesburg Mo
19. (a) 5-18-48 (Date received local registrar) (b) May Miller (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1948 hour 1 p.m. minute ..... M.
21. I hereby certify that I attended the deceased from May 12, 1948, to May 17, 1948
that I last saw him alive on May 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration with decompensation	3 days
Due to coronary arteriosclerosis	Several years.
Due to	
Other conditions Senility, Neutritional anemia (Include pregnancy within 3 months of death) Chronic gastritis, general arteriosclerosis	

Major findings:
Of operations
Of autopsy 93

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature C H Thompson (M. D. or other) DO
Address New Florence Mo Date signed 5/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 1948

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 Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 228 Primary Registration District No. 5808 Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Wm F Guettzau

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb 21 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days hr. min.
If less than one day

9. Birthplace: Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) May 15-46 (Date received local registrar) (b) Mrs May Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 17 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C H Thompson M. D. (M. D. or other)
Address New Florence Date signed

SUPPLEMENTARY

S-17021