

S. No. 300
DM - 10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19488
State File No. _____
2704
Registrar's No. _____

FILED JUL 12 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
5625 Euclid
(d) Length of stay: In hospital or institution one year
In this community one year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Proberly
(d) Street No. 503 S. 4th
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARY FROST GUY
(b) If veteran name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28th
year 1948 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2/22/48
to 6/28 1948
that I last saw her alive on June 26 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife John M. Guy
(c) Age of husband or wife if alive — years
Birth date of deceased Nov-6-1854

Immediate cause of death Septicemia
from an infected ulcer
over abdomen (Red sore)
Duration 5 mo.

8. AGE: Years 93 Months 7 Days 22
If less than one day hr. _____ min. _____

Due to _____
Due to Senility
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 153
Of operations none
Of autopsy none

9. Birthplace Danville Kentucky
10. Usual occupation Housewife

11. Industry or business _____
12. Name unknown
13. Birthplace _____
14. Maiden name unknown
15. Birthplace _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ma R. G. Libby
(b) Address 5625 Euclid Kansas City MO
(c) Place: burial or cremation Proberly MO
18. (a) Signature of funeral director Proberly Funeral Home
(b) Address Proberly Missouri
19. (a) 6-29-48 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature W. D. ... M.D. (M. D. or other) _____
Address 1203 ... Date signed 6/29/48

Dr W D Litzel
211 7755
Waldheim Bldg
10 30

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..... *R. M. Cate*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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. .