

FILED AUG 9 1948

Registration District No. 177

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22562

Primary Registration District No. 3012

Registrar's No. 93

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 EAST EXCELSIOR ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NEITHER
(Specify whether
years, months or days) 35 YEARS

3. (a) PRINT FULL NAME GEORGE MADISON MCGUIRE

3. (b) If veteran, name war No. 3. (c) Social Security No. 487-03-9620

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JESSIE 6. (c) Age of husband or wife if alive DIVORCED years
7. Birth date of deceased MAY 1 1894
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 20 If less than one day
hr. min.

9. Birthplace CARLOW MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation STATIONARY ENGINEER

11. Industry or business NONE

12. Name FRED MCGUIRE

13. Birthplace UNK KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name SARAH E. CLARK

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

16. (a) Informant Mary McGuire

(b) Address 407 S. Elmwood, K.C. Mo.

17. (a) BURIAL (b) Date thereof JULY 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHILlicothe, MISSOURI

18. (a) Signature of funeral director Clayton E. Richardson

(b) Address Excelsior Springs, Mo.

19. (a) 7/24/48 (b) Barthelme Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24
(c) City or town EXCELSIOR SPRINGS 6
(If outside city or town limits, write "RURAL")
(d) Street No. 214 EAST EXCELSIOR ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY, day 22
year 1948 hour 3:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 21, 1948 to July 22, 1948
that I last saw him alive on July 21, 1948
and that death occurred on the date and hour stated above. July 21, 1948

Immediate cause of death Coronary Thrombosis - Sudden Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations MI PHYSICIAN _____

Of autopsy _____ 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? SR M. Cracker (Specify type of place) (e) Means of injury D

23. Signature SR M. Cracker (M. D. or other) MD

Address Excelsior Spgy Date signed 7/23/48

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 8-6-48

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.....

Lindsey K. Jarman, Registered Apprentice No. 88
working under my personal supervision.

Signed Claude Bruchaud

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs

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.