

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29929  
Registrar's No. 3857

FILED OCT 1 1948  
Registration District No. 19489

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. Mun. Tbc. Hosp. I  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)  
In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4329 Mercer  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Guinn, Rose Teresa  
(b) If veteran, name war no  
3. (c) Social Security No. 709-16-4854

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 18<sup>th</sup>  
year 1948 hour 9 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Sept. 4  
~~18~~ 4, 1948, to Sept. 18, 1948;  
that I last saw her alive on Sept. 18, 1948;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
(b) Name of husband or wife Jeremiah Guinn  
(c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Jan. 18 (Month) (Day) (Year) 1878

Immediate cause of death Pulmonary Tuberculosis Duration 8 yrs.

8. AGE: Years 70 Months 9 Days 0  
If less than one day hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 12  
Of autopsy \_\_\_\_\_

9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Railway clerk

11. Industry or business Santa Fe R.R.

12. Name James Carrigan

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

14. Maiden name Rose Creegan

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

16. (a) Informant K.C. Mun. Tbc. Hosp.

(b) Address K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 9-21-48 (Date received local registrar) (b) M. Geraldine Holmes (Registrar's signature)

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? (Specify type of place) (e) Means of injury 0  
23. Signature George K. Linder (M. D. or other) M.D.  
Address Kansas City, Mo. Date signed \_\_\_\_\_

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**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 Alvin R. Harnischel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.**