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

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32187**
Registrar's No. **321**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Hullton**
(c) Name of hospital or institution: **State Hospital #12**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
In this community **same**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Cole**
(c) City or town **Jefferson City**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 Hobbs Terrace**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JULIAND. GUYOT**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **3**
year **1948** hour **9** minute **45**
21. I hereby certify that I attended the deceased from **Oct 31** 19**48** to **Nov 3** 19**48**
that I last saw him alive on **Nov 3** 19**48**
and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **m**
(b) Name of husband or wife **Ms. Guyot**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 13 1884**
(Month) (Day) (Year)

Immediate cause of death
Acute tracheo-bronchitis

8. AGE: Years **64** Months **3** Days **20**
If less than one day hr. min.

Due to **Upper respiratory infection**
Due to **Sen. nephritis**

9. Birthplace **Mo** (City, town, or county) (State or foreign country)
10. Usual occupation **no**
11. Industry or business **no**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **12/3**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Albert Guyot**
13. Birthplace **Switzerland**
14. Maiden name **Mollie Weese**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

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 _____
Signature **W. J. Oemer** (M. D. or other) **mo**
Address **Hullton Mo** Date signed **11/3/48**

16. (a) Informant **State Health Records**
(b) Address **Hullton Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov-5-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **River View Cemetery Jefferson City, Mo**
18. (a) Signature of funeral director **Joseph J. Ordry**
(b) Address **Jefferson City, Missouri**
19. (a) **Nov 5 1948** (Date received local registrar) (b) **Joseph J. Ordry** (Registrar's signature)

DATE FILED
NOV 10 1948
DISTRICT HEALTH OFFICER
OFFICE NO. 9
RECEIVED

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. 1786
working under my personal supervision.

Signed Joseph J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson 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.