

FILED DEC 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37032**

Registration District No. 150

Primary Registration District No. 5574

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lone Jack R.R.# 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R.# 1 Lone Jack, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Lone Jacky R.R.# 1
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles South of Oak Grove, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Clara May Guinn
3. (b) If veteran, name war No
3. (c) Social Security No. None

20. DATE OF DEATH: Month December Day 1
year 1948 hour 5 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John A. Guinn
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased: 8 25 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1948 to December 1 1948
that I last saw her alive on December 29 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 3 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Cerebral Thrombosis

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

Due to _____
Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
12. Name William H. Whiting
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Howard
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mr. F.V. Guinn
(b) Address Lone Jack, Missouri R.R.# 1
17. (a) Burial (b) Date thereof 12-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, K.C. Mo.

(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? _____

18. (a) Signature of funeral director Mrs. C.L. Forster K.C. Mo.
(b) Address 918 Brooklyn Kansas City Mo.
19. (a) DEC 11 1948 (b) Ronald C. Emswiler
(Data received local registrar) (Registrar's signature) 378

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature John W. Williams M. D. or other MD.
Address Oak Grove, Mo. Date signed 12-1-48

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

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..... *Joe B. Yoder*
Licensed Embalmer No..... *4173*
P. O. Address..... *K. C. 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.