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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 28 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8054

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 255

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 34
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 915 S. Fremont
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kirk P Guin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia P Guin

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November (Month) 26 (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation General Store Keeper

11. Industry or business Frisco Railroad

FATHER
12. Name A R Guin
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Julia Guin
(b) Address 915 S Fremont, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 49 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Mo.

19. (a) 3/22/49 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18 year 49 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from 3-18, 1949, to 3-18, 1949 that I last saw him alive on 3-18, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemmorhage	4½ hr
Due to Hypertension	5-6 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robt Vineyard (M. D. or other) MD
Address Springfield Mo Date signed 3-18-49

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1950

APR 7 1949

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 Jewell E. Windle Jr., Registered Apprentice No. 300 working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.