No. 300
10.48

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1000 State File No. 11627

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 464

117
3

1. PLACE OF DEATH
a. COUNTY ~~Andrew~~ Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~(rural) Washington~~ ST JOSEPH
c. LENGTH OF STAY (In this place) 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) AMBULANCE ENROUTE TO HOSPITAL Rt#4 on Hiway 169

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (rural) Washington 0020
d. STREET ADDRESS (If rural, give location) Rt#4 on Hiway 169 1

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) G.
c. (Last) McGuire

4. DATE OF DEATH (Month) (Day) (Year) 4/27/1951

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2/10/1895

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinary

10b. KIND OF BUSINESS OR INDUSTRY General Practice

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Not known

13b. MOTHER'S MAIDEN NAME Not known

14. NAME OF HUSBAND OR WIFE Emma McGuire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 6/30/17-1918

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Emma McGuire — ADDRESS Rt. 4, St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MAY 11 1951

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 mi

ANTECEDENT CAUSES — DUE TO (b) 2 Contracting Fibrosis of Left Lung with Retraction of trachea. Cause undetermined — ?

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 525X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-14, 1949, *to* 4-27, 1951, *that I last saw the deceased alive on* 4-1, 1951, *and that death occurred at* 8:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm B Roatinty

23b. ADDRESS 510 Carby Bldg

23c. DATE SIGNED 4-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/28/51

24c. NAME OF CEMETERY OR CREMATORY Mt. Mora

24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. April 30, 1951

REGISTRAR'S SIGNATURE Carl C. Costy 446

25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark — ADDRESS 120 Ill. Ave. St. Jose

X

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR, BY AFF,

Corley Eldg.

MAY 7 1951

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Earl A Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.

State of Missouri
County of Buchanan } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 11627
Local Registrar's No. 464

On this 8 day of May, 1951, before me appears Earl A. Clark, who, upon his oath, states that the original record of ~~birth~~ death for Walter G. McGuire died ~~born~~ April 27, 1951, 19....., in the State of Missouri, and which was filed at St. Joseph, Mo. on 4/30/51, 19....., should be corrected as follows:

Item No. 1a should read Buchanan County, Missouri
Instead of Andrew "

Item No. 1b should read St. Joseph
Instead of Rural, Washington Twsp

Item No. 1c should read Ambulance enroute to Hospital
Instead of RR #4, on Hiway #169

Item No. Primary Reg No. should read 1000
Instead of 5134

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Earl A. Clark

Funeral Director
Relationship.

120 Illinois Ave., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 8 day of May, 1951.

My Commission expires My Commission Expires April 12, 1955

Esther M. Allison Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
I—4-43
P I X36667