

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6633

Do not use this space.

1. PLACE OF DEATH

(a) County Hennepin Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018
(c) City Clinton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 501 900 South 2nd St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Guyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennepin mo13. NAME E F Foster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Anna Belle Foster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennepin mo17. INFORMANT (ADDRESS) Dr Ernest Guyon
Clinton mo18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2/15 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Consigliani + Rest
Clinton mo20. FILED 2-27 1939 J R Humphreys
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 193922. I HEREBY CERTIFY, That I attended deceased from Jan 18 to Feb 13 1939

I last saw her alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast with general metastasis Date of onset Not sure
50

Other contributory causes of importance: 50Name of operation Radical breast operation Date of Jan 1938What test confirmed diagnosis Microscopical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S B Hughes, M. D.(Address) Clinton, Mo.302

RECEIVED

District Health Officer No. 7,
District File Number 7-39-340
Date Filed 3-3-39

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.....

J. E. Consolud

Licensed Embalmer No. 1891

P. O. Address.....

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, above space should be left blank.