



MARY ROBERTS  
GUISINGER



# Marriage License

The State of Ohio, Franklin County, ss.

To Any Person Legally Authorized to Solemnize  
Marriages in the State of Ohio

**J. Cloys P. McClelland**

Judge of the Probate Court, within and for the County and State aforesaid,  
have **Licensed** and do hereby

**License and Authorize**

Mr. John Gussinger and  
Mrs. Mary Roberts  
to be joined in **Marriage**.

**In Witness Whereof**, I have hereunto subscribed my hand and

affixed the seal of said Court at Columbus,  
Ohio, this 15<sup>th</sup> day of

February A. D. 1931

CLOYS P. McCLELLAND

Judge of the Probate Court

By

Carl J. Brock

Deputy Clerk

No marriage license shall be effective nor shall it authorize the performance of a marriage ceremony except within sixty days after the same has been issued by the probate court of the proper county. (G. C. 11188-1).

Unless the person solemnizing the marriage, returns a certificate thereof to the Probate Court within thirty days after performing the ceremony he is guilty of a misdemeanor, and, on conviction thereof, may be punished by a fine of Fifty (\$50) Dollars. (G. C. 11189).

This is to certify that this is an exact copy taken from the records on file in the Division of Vital Statistics, Allen County Health Department, Lima, Ohio.

Issued 8-14-85

Margaret Wohlgamuth  
 Margaret Wohlgamuth, Registrar  
 Vital Statistics, District #2

OHIO DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Reg. Dist. No. 2  
 Primary Reg. Dist. No. 0201

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

1. <b>John A. Guisinger</b>			SEX 2. <b>male</b>		DATE OF DEATH (Mo., Day, Year) <b>August 10, 1985</b>
RACE—(Ind., White, Black, American Indian, etc.) (Specify) 4. <b>white</b>		AGE—Last Birthday (Years) 5a. <b>72</b>	UNDER 1 YEAR Mo. Days 5b.	UNDER 1 DAY Hours Mins. 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>Feb. 2, 1913</b>
CITY, VILLAGE OR LOCATION OF DEATH 7b. <b>Lima</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. <b>Memorial Hospital</b>		IF HOSP. OR INST. Indicate DOA, OP/Emr.Rm., Inpatient (Specify) 7d.
STATE OF BIRTH (If not in U.S.A., name country) 8a. <b>Ohio</b>		CITIZEN OF WHAT COUNTRY 8b. <b>USA</b>		ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.) (Specify) 8c. <b>American</b>	SOCIAL SECURITY NUMBER 10. <b>275-10-2943</b>
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 11. <b>NO</b>			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 12a. <b>MARRIED</b>		SURVIVING SPOUSE (If with, give maiden name) 12b. <b>Mary I. Roberts</b>
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. <b>Ret. Ford Motor Co.</b>			KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. <b>Ohio</b>		COUNTY 14b. <b>Allen</b>	CITY, VILLAGE OR LOCATION 14c. <b>Lima</b>		STREET AND NUMBER 14d. <b>1038 Boyer St.</b>
INSIDE CITY LIMITS (Specify Yes or No) 14e.			FATHER—NAME First Middle Last 15. <b>John H. Guisinger</b>		
MOTHER—MAIDEN NAME First Middle Last 16. <b>Goldie A. Richards</b>			INFORMANT—NAME (Type or Print) 17a. <b>Mrs. Mary Guisinger</b>		
MAILING ADDRESS (STREET OR R.F.D. No.) 17b. <b>1038 Boyer St.,</b>			CITY OR TOWN <b>Lima, OHIO</b>		

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) <b>Cardiovascular arrest</b> DUE TO, OR AS A CONSEQUENCE OF:	One hour
(b) <b>Acute Pulmonary Edema</b> DUE TO, OR AS A CONSEQUENCE OF:	three to four hrs.
(c) <b>Chronic Obstructive Pulmonary Disease</b>	unknown

PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I (a)

ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 20a.	DATE OF INJURY (Month, Day, Year) 20b.	HOUR 20c. <b>M</b>	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18) 20d.
INJURY AT WORK (Specify yes or no) 20e.	PLACE OF INJURY At home, farm, street, factory, office bldg., etc. (Specify) 20f.	LOCATION (Street or R.F.D. no., city or village, state, zip) 20g.	AUTOPSY (Yes or no) 19a. <b>NO</b>
		WAS CASE REFERRED TO CORONER (Specify Yes or No) 19b. <b>NO</b>	

To be Completed by ATTENDING PHYSICIAN Only		To be Completed by CORONER Only	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			
(Signature and Title) <b>J. Stephen Sandy MD</b>		(Signature and Title)	
DATE SIGNED (Mo., Day, Year) 21b. <b>8/12/85</b>	HOUR OF DEATH 21c. <b>11:55 A</b>	DATE SIGNED (Mo., Day, Year)	HOUR OF DEATH
21d. <b>M</b>		22b. <b>M</b>	
PRONOUNCED DEAD (Mo., Day, Year)		PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
22d. ON		22e. AT	

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)  
 (Street or R.F.D. no., city or village, state, zip)

23. **Dr. J. Stephen Sandy 1220 E. Elm St., Lima, Ohio 45804**

BURIAL, CREMATION, OTHER (Specify) 24a. <b>burial</b>	DATE 24b. <b>8-13-1985</b>	NAME OF CEMETERY OR CREMATORY 24c. <b>Memorial Park Cemetery</b>	LOCATION (City, village, or county) (State) 24d. <b>Lima, Ohio</b>
NAME OF EMBALMER 25. <b>Randall Williams</b>	(LIC. No.) <b>7799 A</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Russell M. Chiles</b>	(LIC. No.) <b>3198</b>
FUNERAL FIRM AND ADDRESS (STREET NO.) <b>Chiles &amp; sons-Laman Funeral Homes 541 W. Wayne St., Lima, Ohio 45801</b>		(CITY)	(STATE) (ZIP)

DATE REC'D BY LOCAL REG.  
**8-14-85**

REGISTRAR'S SIGNATURE  
**Margaret Wohlgamuth**

DATE PERMIT ISSUED

SIGNATURE OF PERSON ISSUING PERMIT

DIST. No.

230  
 STATE OF OHIO  
 Bureau of Vital Statistics  
**CERTIFICATE OF BIRTH** 8426

County of *Hardin* Registration District No. *539* File No. *11*

Township of *Ada* Primary Registration District No. *2569* Registered No. *11*

Village of *Ada* No. *2d Long* SL

If birth occurs in a hospital or other institution give name of same, instead of street and number

**FULL NAME OF CHILD** *John Alexander Guisinger*

Sex of Child *Male* Legitimate? *Yes* Type *Single* or other? *and* Number in order of birth *1* at birth only Date of birth *Feb 24* 19*13* (Month) (Day) (Year)

<b>FULL NAME</b> <i>John Henry Guisinger</i>	<b>FATHER</b>	<b>FULL NAME</b> <i>Goldie Richards</i>	<b>MOTHER</b>
<b>RESIDENCE</b> <i>Ada Ohio</i>		<b>RESIDENCE</b> <i>Ada O</i>	
<b>COLOR OR RACE</b> <i>White</i>	<b>AGE AT LAST BIRTHDAY</b> <i>33</i> (Years)	<b>COLOR OR RACE</b> <i>White</i>	<b>AGE AT LAST BIRTHDAY</b> <i>23</i> (Years)
<b>BIRTHPLACE</b> <i>Hancock Co Ohio</i>		<b>BIRTHPLACE</b> <i>Van Wert Co O</i>	
<b>OCCUPATION</b> <i>Labourer</i>		<b>OCCUPATION</b> <i>Housekeeper</i>	

Number of child of this mother... *One* Number of children of this mother, now living... *One*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, and that it occurred on *Feb 24*....., 19*13*, at *2*.. A.M.

(Signature) *S. H. Elliott M.D.*  
*603 S. M. St. Ada Ohio*  
 (Physician or Midwife.)

\*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

Given name added from a supplemental report.

*M* 190 Address *703 S. M. St. Ada Ohio*  
 Registrar Filed *Feb 8* 190 *M. C. Yecker* Registrar

