REC'D AUG 22 1939

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

25138
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 86

(b) Township Washington 1 Primary Registration District No. 5127 Registered No. 820

or

(c) City

(d) Street No. R.F.D.#5. St. Joseph, Mo. 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 73 yrs. 11 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME William Sherman Guthrie

(a) Residence, No. R.F.D.#5. St. Joseph, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosetta Guthrie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month and year) Aug. 1939.

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

FATHER

13. NAME Young Guthrie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER

15. MAIDEN NAME Nancy Jane Trent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Albert Guthrie 705 Concord Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem
PLACE St. Joseph, Mo. DATE Aug. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 8/14 1939 H. Mittelbach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1939

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Aug, 7th, 1939, to ....., 19....

I last saw ~~#####~~ alive on ....., 19.... Death is said to have occurred on the date stated above, at about 12:00 Noon

The principal cause of death and related causes of importance were as follows:

Accidentally shot by self,

Date of onset

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Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

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

Accident, suicide, or homicide? Accidentally Date of injury 8/7, 1939

Where did injury occur? Buchanan County Mo.
(Specify city or town, county, and State)

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

Manner of injury Accidentally shot

Nature of injury Penetrated chest

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

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

85 (Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, above space should be left blank.