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7-39
K23159

31874

State File No. _____

Registration District No. 254

Primary Registration District No. 5154

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. Daviess

(b) City or town. Pattonsburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 38 years
years, months or days

3. (a) PRINT FULL NAME James B. Gurthet

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. 3 12 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>19</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Gurthet

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barnard

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Gurthet
(b) Address Pattonsburg, Mo.

17. (a) Burial (b) Date thereof 9/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Pattonsburg, Mo.

18. (a) Signature of funeral director E. Schomer
(b) Address Pattonsburg, Mo.

19. (a) Sept 10/1940 (b) Travis G Sutton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

(c) City or town Pattonsburg, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day I
year 1940 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 10
1940, to Sept 1, 1940
that I last saw him alive on Sept 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to 82W

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? No.

(Specify type of place) 231
While at work? (e) Means of injury _____

23. Signature Frank Hedges (M. D. or other) _____
Address Pattonsburg Date signed 9/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 11,
District File No. _____
Date Filed _____

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 *G. Stromer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo

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

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