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13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34642

State File No. _____

NOV 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4158

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 4009 St. John 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4009 St. John Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1940 hour 3:30 P. Minute M.

21. I hereby certify that I attended the deceased from Aug 7
1940 to Oct 30, 1940
that I last saw her alive on Oct 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage
Due to Pulmonary Tuberculosis

Duration 1 day
3 months
Due to _____
Other conditions 23
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy None Made
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Ch. Rose (M. D. or other) M.D.
Address 1023 1/2 Elmwood Date signed 11-31-40

3. (a) PRINT FULL NAME Ida Virginia Guth

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William L. Guth 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 7th 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Prentiss Taylor

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

14. Maiden name Sarah Baggott

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

16. (a) Informant William L. Guth

(b) Address 4009 St. John Avenue

17. (a) Burial (b) Date thereof Nov. 1, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street
19. (a) 10-31-40 (b) M. M. Groves
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

John C. ...
103 No. Elmwood

BE 9191

Hours 1:30 to 5:00

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 Elmer C. ...

Licensed Embalmer No. 3495

P. O. Address Kansas City

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.