No. 2
4-13-40
-17-39
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41869

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1313

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1504 Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1504 Grand Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME John Guthrie
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mona Guthrie
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 4 (Month) 10 (Day) 1865 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 8 | 4 | ... hr. ... min. |

9. Birthplace St. Joseph, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Teamster
11. Industry or business Transfer 9
MOTHER FATHER
12. Name James Guthrie 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mona Guthrie
(b) Address 1504 Grand Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-'40 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Graves Fun. Home
(b) Address 806 S. 17th St.
19. (a) 12-17-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1940 hour 1 minute 50 A. M.
21. I hereby certify that I attended the deceased from 4 Dec, 1940 to 14 Dec, 1940 that I last saw him alive on 14 Dec, 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemor | |
| Uremic Apoplexy | 10 Day |
| Due to Senility | 2 yr |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D.)
Address St. Joseph Mo Date signed 16 Dec 40

(Licensed Embalmer's Statement on Reverse Side)

**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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, Missouri

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

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