

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7223**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McCune Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether)
In this community **Three Hrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Carthage** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. **1100 Poplar**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Donald Guthrie**

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

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Feb 22 1941**
(Month) (Day) (Year)

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

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Leo Guthrie**

13. Birthplace **Carthage Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Willet Holie**

15. Birthplace **Yukon Nebraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo Guthrie**

(b) Address **1109 Poplar**

17. (a) **Burial** (b) Date thereof **Feb 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Full Mortuary**

(b) Address **Carthage Mo**

19. (a) **Feb 24 1941** (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **22**
year **1941** hour **13:00** minute **50 P.M.**

21. I hereby certify, that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on **Feb 22 1941** and that death occurred on the date and hour stated above.

Immediate cause of death:

Premature birth 7 mo gestation

Due to **Lived about 1 hr.**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1/4 10**

Major findings: Of operations _____

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(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? **Yes**

(Specify type of place) (e) Means of injury _____

23. Signature **George H. Deed** (M. D. or other) **D**

*Address **Carthage Mo** Date signed **2/24/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage, Mo.

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, above space should be left blank.