

**MAILED** AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

2797

48  
86  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital 11 Days (Specify whether  
In this community 10 Years  
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. 139 South Lawn Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mr. Guthrie Millard George

20. DATE OF DEATH: Month July day 21st  
year 1942 hour 5 minute 20 P. M.

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 487-09-3784

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Lennie Myrtle George 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased. January 17 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1942 to July 21 1942  
that I last saw him alive on July 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Retropentonal Sarcoma Duration  
Due to 46 hr  
Due to

8. AGE: Years Months Days If less than one day  
44 6 4 hr. min.

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Tool Grinder

11. Industry or business Lake City Ordinance Plant

Major findings: Retropentonal Sarcoma  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Willis George

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

14. Maiden name Sally Black

15. Birthplace Carroll County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Brown

(b) Address Grain Valley Mo

17. (a) Burial (b) Date thereof July 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. V. Newcomer's Sons

(b) Address 1401 Brook Creek Blvd.

19. (a) 7-23-42 (b) Mr. M. Crow  
(Date received local registrar) (Registrar's signature)

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, or farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury  
23. Signature Thomas R. Kerner (M. D. or other)  
Address 214 Withman Bldg Date signed 7/22/42

36/

FEB 5 1945

214. Williamson Bldg  
3.4.30

*[Handwritten signature]*

AUG 22 1945

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address X. C. 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, fact should be so stated above.**