

S. No. 2.  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12387

FILED APR 13 1944

Registration District No. 13

Primary Registration District No. 3076

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 515 N. Cedar St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days 3 yrs. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 515 N. Cedar St.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Guthrie

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 5, 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Geo. Walter

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

14. Maiden name Loft

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

16. (a) Informant Mrs. W. Isaac

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 3-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Park

18. (a) Signature of funeral director Marshall Eisinger

(b) Address Nevada, Mo.

19. (a) 3-21-44 (b) Hazel B. Burch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10  
year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Feb 26, 1944, to Mar 10, 1944  
that I last saw her alive on Mar 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial insufficiency

Due to Coronary heart disease

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature F. L. Martin (M. D. or other) M.D.  
Address Nevada Date signed 3-13-44

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-44-582

Date Filed 4-12-44

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 Max Eickinger

Licensed Embalmer No. 26576

P. O. Address Nevada 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.