

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 10 1945

Registration District No. 47 + B

Primary Registration District No. 3008

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 or 4 months 13 days
(Specify whether) all his life
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway
(c) City or town McCreder
(If outside city or town limits, write "RURAL") 1
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAC P GUTHRIE

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs M P Guthrie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased SEPT 29 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Guthrie Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name D P Guthrie
13. Birthplace Guthrie Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brown
15. Birthplace Hutton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp
(b) Address Fulton Mo

17. (a) Burial (b) Date thereof 3 16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Old Auxvane

18. (a) Signature of funeral director Alan Y. Mangin
(b) Address 712 Canal St. Fulton, Mo.

19. (a) 3-16-1945 (b) Joseph Moraukoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1945 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 14
1945 to March 14 1945
that I last saw him alive on March 14
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo Cardial Degeneration with infarction
Due to _____

Due to _____
Other conditions Myocardial exhaustion
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 930

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 J P Davis (M.D. or other) MD
Address Fulton Date signed 3/14/45

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

MOTHER, FATHER

14
1
2

3272

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 4-9-45

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: Glen Y. Mauhin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.