

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Whitehead 5588
State File No. _____
Registrar's No. _____

FILED FEB 17, 1947
Registration District No. 261

Primary Registration District No. 3047

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

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution:
510 SO. LAFFAYETTE ST 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO
(If outside city or town limits, write "RURAL.")

(d) Street No. 510 SO. LAFFAYETTE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY C. GUTTE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 8
year 1947 hour 1:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1946, to July 8 1947
that I last saw him alive on 2-8 1947
and that death occurred on the date and hour stated above.

4. Sex FEM. 1 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN GUTTE

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1867
(Month) (Day) (Year)

Immediate cause of death: arteriosclerotic heart disease

Due to _____

8. AGE: Years 79 Months 6 Days 13
If less than one day hr. _____ min. _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations A3D

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Jessie G

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

14. Maiden name _____

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

16. (a) Informant Mrs. Mabel Adkins

(b) Address _____

17. (a) Burial (b) Date thereof 2-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho 2905. Cem.

18. (a) Signature of funeral director Walter S. Thompson

(b) Address Neosho Mo.

19. (a) 5-7-47 (b) Melvin S. Bowler
(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, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature H. Whitehead (M. D. or other) _____
Address Neosho Mo. Date signed 2-10-47

RECEIVED

District Health Officer No. Newton
District File Number 247-32
Date Filed 2-12-47

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 Corley Thompson
Licensed Embalmer No. 3259
P. O. Address Newto Ns.

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.

Registration District No. 245

Primary Registration District No. 3047

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neesho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 year years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary C. Gutte

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

4. Sex F 5. Color of race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 25 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business Homemaker

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Mr. Mabel Ashby

(b) Address _____

17. (a) (Burial, exhumation, or removal) _____ (b) Date thereof 2-11-47
(Month) (Day) (Year)

(c) Place: burial or cremation Neesho, Mo

18. (a) Signature of funeral director Carly Thompson

(b) Address Neesho, Mo

19. (a) May 7, 1947 (Date received local registrar) (b) Melvin C. Borman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton

(c) City or town Neesho
(If outside city or town limits, write "RURAL")

(d) Street No. 510 S Lafayette
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I had seen _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. Whitehead (M. D. or other) M.D.

Address Neesho, Mo Date signed _____

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

MISSOURI SUPPLEMENT

S-5588