S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21, 1947

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26667

State File No.

Primary Registration District No. 3002

Registrar's No. 124

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: nine weeks (Specify whether years, months or days)
In this community: 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Mexico, (If outside city or town limits, write "RURAL")
(d) Street No.: 918 N. Jefferson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sterling Price Guthrie
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Anna Guthrie
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 24, (Day) 1862 (Year)
8. AGE: Years 84 Months 8 Days 22 If less than one day hr. min.
9. Birthplace: Audrain Co, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Coal Merchant
11. Industry or business: Guthrie Coal Co
FATHER 12. Name: Geo Guthrie
13. Birthplace: DK (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha D. Moxley
15. Birthplace: DK (City, town, or county) (State or foreign country)
16. (a) Informant: Joel Guthrie
(b) Address: Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: Chas Arnold Jr
(b) Address: Mexico, Mo.
19. (a) 8/17/47 (Date received by local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1947 hour 4 minute A- M.
21. I hereby certify that I attended the deceased from Aug 19, 1946 to Aug 15, 1947 that I last saw him alive on Aug 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis — 10 yrs
Due to: Cardio Vascular renal
Due to: Cancer and uremia
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: 938
Of autopsy:

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: C. J. Garcia (M. D. or other)
Address: Mexico Mo Date signed 8/16/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 1-47-1092
Date Filed AUG 20 1947

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.