

33844

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4514

4838

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 6-19-40 - 10-21-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION KCTR HOSPITAL			d. STREET ADDRESS (If rural, give location) 1507 N. LIBERTY STREET		
3. NAME OF DECEASED a. (First) HENRIETTA (Type or Print) ELIZABETH		b. (Middle) TURNER		c. (Last) GUTHRIE	
4. DATE OF DEATH 10-21-49		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED 3		8. DATE OF BIRTH 5-9-1914		9. AGE (In years last birthday) 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME TURNER, FRANK		13b. MOTHER'S MAIDEN NAME STEWART, HENRIETTA	
14. NAME OF HUSBAND OR WIFE GUTHRIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME KCTR HOSPITAL		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		3. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-19, 1940, to 10-21, 1949, that I last saw the deceased alive on 10-20, 1949, and that death occurred at Am., from the causes and on the date stated above.					
23a. SIGNATURE George K. Landis (Degree or title) George K. Landis, M.D.			23b. ADDRESS KCTR HOSP., LEEPS, MO		23c. DATE SIGNED 10-21-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 24 1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE G.W. Newman's home		24f. ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 10-25-49		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John E. Franking
Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.