

DECD SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

228193
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 16
(b) Township Rochester Primary Registration District No. 5020 Registered No. 9
(c) City Cody (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Wilma Janice Guschke St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Born dead

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. L
9. Industry or business in which work was done, as saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Mo

FATHER 13. NAME William Guschke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Mo

MOTHER 15. MAIDEN NAME Faye Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Mo

17. INFORMANT (ADDRESS) W. J. Guschke Jr. Cody, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Branch DATE July 14 1938

19. FUNERAL DIRECTOR (ADDRESS) Taken care of by family

20. FILED 8-30 1938 Lora E. Frank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. born dead alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:20 A. m. The principal cause of death and related causes of importance were as follows:

Born dead

Date of onset

Other contributory causes of importance: L

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) James A. Nichols #. DO (Address) Helena, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)