

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D SEP 20 1939

Registration District No. 49

Primary Registration District No. 4207

Registrar's No. 2

1. PLACE OF DEATH: 2
(a) County Henry
(b) City or town Calhoun mo
(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 years, months or days) few hours

3. (a) PRINT FULL NAME WILLIAM W. GUTRIDGE

8. (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 Edith E. Gutridge 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 15 - 1866
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Banker

11. Industry or business _____

12. Name J. W. Guttridge
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Pigg
15. Birthplace Calhoun mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith E. Guttridge
(b) Address 223 N. Main Calhoun Mo

17. (a) Burial (b) Date thereof 8-20-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Red Wilkins
(b) Address Clinton mo 9576

19. (a) August 19, 1939 (b) Mrs. Edith J. Dimpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 223 N. Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1939 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from last
week Aug 18, 1939, to _____ 19____
that I last saw him alive on last week Aug 18, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Duration _____

Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations _____
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? _____

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

23. Signature W. P. Pappas (M. D. or other) _____
Address Calhoun Date signed Aug 19, 1939

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 _____

Licensed Embalmer No. 2498

P. O. Address Clinton, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.