

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
444 West 58th Street Terrace, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community Unknown, (Specify whether
years, months or days)

3. (a) PRINT FULL NAME NANCY JOSEPHINE GUTHRIE ⁵⁶⁰

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 9 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 12 26 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name John W. Guthrie

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

14. Maiden name Josephine Houston

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

16. (a) Informant Mrs. M. H. Snodgrass

(b) Address 444 West 58th St. Ter., K.C., Mo.

17. (a) Burial (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) May 6, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 444 West 58th St. Ter.
(If rural, give location)
(e) If foreign born, how long in U. S. A. No. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 5-5-40
year _____ hour _____ minute 45 M.

21. I hereby certify that I attended deceased from 1-15-40
Alphus C. Brown, 19____;
that he was alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Chronic pulmonary tuberculosis
with disease of the spine

Due to _____
Other conditions 277
(Include 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)
Means of injury 5
23. Signature Alphus C. Brown (M. D. or other)
Address K.C., Mo. Date signed _____

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 _____

Harvey Townes, Registered Apprentice No. 272
working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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, above space should be left blank.