S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34303

Registrar's No. 3819

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3636 Indiana, 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 20 years.
years, months or days)

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. 3636 Indiana,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Lela Mae Gutridge,

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 Married,

6. (b) Name of husband or wife George Morrison Gutridge,

6. (c) Age of husband or wife if alive 66 Yrs. years

7. Birth date of deceased November (Month) 17 (Day) 1884 (Year)

8. AGE: Years 55 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home, 1

11. Industry or business x 1

FATHER
12. Name Wm. Keys,
13. Birthplace (City, town, or county) Ohio, (State or foreign country)

MOTHER
14. Maiden name Molly Hudson,
15. Birthplace (City, town, or county) Unknown, (State or foreign country)

16. (a) Informant George Morrison Gutridge,
(b) Address 3636 Indiana, Kansas City, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 10-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 10-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st, year 1940 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from 3-28-30, 19__, to 10-1, 1940; that I last saw her alive on 10-1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to ?	
Due to 720	
Other conditions Myocarditis (Include pregnancy within 3 months of death) Hypertension	

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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature Donald Beach (M. D. ~~or other~~)
Address 914 Prof Bldg. Date signed 10-1-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. R. Black

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: J. D. Waters

Licensed Embalmer No. 5992

P. O. Address: K C Mo.

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

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