

2
1-40
-39
23159

Registration District No. **26**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
918 N. Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain** **4**
(c) City or town **Mexico** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **918 N. Jefferson St.** **2**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Anna C. Guthrie**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Sterling P. Guthrie** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **January 30 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	11	28	_____ hr. _____ min.

9. Birthplace **Audrain County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William L. French**

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

14. Maiden name **Eliza Jane Bullard**

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

16. (a) Informant **S.P. Guthrie**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 30, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **Earl E. Coif**
(b) Address **Mexico, Mo.**

19. (a) **Jan 30-1941** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **28**
year **1941** hour **9** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Jan 27 - 1941** to **Jan 28 1941**
that I last saw her alive on **Jan - 28 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Paralytic**
Paralytic

Due to **ruptured blood vessel**

Due to **a cut in digestion**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **g. r.**

Of autopsy _____

Duration

24 hrs.

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? _____

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

23. Signature **Paul E Coif** (M. D. or other) **D**
Address **Mexico Mo** Date signed **1-29-41**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-262

Date Filed Feb 12, 1941

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.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No: 3189

P.O. Address Mexico, Mo.

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, fact should be so stated above.