

No. 2  
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X23159

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2931

State File No. \_\_\_\_\_

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: None - 844 E. Third St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community Thirty Eight Years  
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. 844 E Third  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rosa Bryant 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 Wm M Guthrie 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Jan 22 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business None

12. Name Austin Bryant

13. Birthplace Dallas County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Wina

15. Birthplace Dallas County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Amaly Guthrie

(b) Address 2409 E 28th St. Tulsa Okla.

17. (a) Burial (b) Date thereof Jan 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Hugh M. Mottley

(b) Address Carthage Mo.

19. (a) Jan 11, 1941 (b) E. J. M. Entie, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th  
year 1941 hour 2 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 9th 1941 to Jan 9th 1941  
that I last saw her alive on Jan 8th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none

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?  
8115

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

23. Signature Albert B. Wheeler

Address Carthage Mo. Date signed Jan 11 1941

Duration 2 yrs.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *Emm R. Jones*

Licensed Embalmer No. *396*

P. O. Address *Bartholomew*

**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, fact should be so stated above.**