

S. No. 2
 4-1-4-41
 v. 5-17-39
 I X26390

42747

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

JAN 13 1942 89

Registration District No. _____

Primary Registration District No. 3033

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

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Louisiana Mo
 (If outside city or town limits, write "RURAL" and name of township)
at home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike 82
 (c) City or town Louisiana
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs Ida Worsham Guthrie

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 Fred Guthrie 6. (c) Age of husband or wife if alive (27) years

7. Birth date of deceased about 1877
 (Month) (Day) (Year)

8. AGE: Years about 64 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Thomas Field

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

14. Maiden name Margaret Dotts

15. Birthplace mt Zion Mo (City, town, or county) (State or foreign country)

16. (a) Informant James Albarn

(b) Address New Long Green Mo

17. (a) Burial (b) Date thereof 12/3/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reverew Com

18. (a) Signature of funeral director J. H. H.

(b) Address Mo

19. (a) 12/3/41 (b) J. H. H.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
 year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 3
1st at 11 AM to Dec 3 11 AM
 that I last saw her alive on Dec 3 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 104

Major findings: Of operations _____
 Of autopsy _____
 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 J. H. H. (M. D. registrar)
 Address Louisiana Mo Date signed 12/3/41

RECEIVED

District Health Officer No. 10

District File Number 1-42-50

Date Filed JAN 9 1942

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.....

George O. Wagner, Registered Apprentice No.....
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana 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, fact should be so stated above.