

FILED MAR 9 1942
Registration District No. 2299

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 114 West/67th Terr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days)
In this community 72 years

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. 114 W. 67th Terr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME GEORGE GUETT

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years 8 1856

7. Birth date of deceased. March (Month) 8 (Day) 1856 (Year)

8. AGE: Years 85 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Sauk City 1 Wis. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Bookkeeper

12. Name William H. Guett

13. Birthplace Germany (State or foreign country)

14. Maiden name Bertha Hahn

15. Birthplace Germany (State or foreign country)

16. (a) Informant Mrs. Ida Thilenius

(b) Address 114 W. 67th Terrace

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 2/12/42 (Date received local registrar) (b) M. H. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1942 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 24 1942 to Feb 11 1942 that I last saw him alive on Feb 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 day

Due to Chol. Int. hepatitis 2

Due to Chol. Nephritis + Asteroid Leucosis 2

Other conditions (Include pregnancy within 3 months of death) 1317 2

Major findings: Of operations None Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (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 H. J. Wittberg (D. or other) D.O.

Address 2603 E. 31st. Date signed 2-11-42

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.