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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21460

State File No.

Primary Registration District No. 5562

Registrar's No. 126

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Rural--Marion Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1, Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: Thirty-five Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 1, Carthage 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country: - -

3. (a) PRINT FULL NAME: Alexandria Guthrie

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lula Guthrie

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

7. Birth date of deceased: January (Month) 4 (Day) 1861 (Year)

8. AGE: Years 81 Months 5 Days 10 If less than one day hr. min.

9. Birthplace: Wheeling (City, town, or county) W. Virginia (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: none

MOTHER FATHER

12. Name: Ely Guthrie

13. Birthplace: unknown (City, town, or county) W. Virginia (State or foreign country)

14. Maiden name: Hannah Hickman

15. Birthplace: unknown (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant: Mrs. Lula Guthrie

(b) Address: Route 1, Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Faskin Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Missouri

19. (a) June 16, 1942 (Date received local registrar) (b) Elizabeth Coupline (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 1941, 19.. to June, 1942 that I last saw him alive on June 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 wk
Due to: Senility	
Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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:

23. Signature: [illegible] (M. D. or other) M.D.

Address: Carthage, Mo. Date signed 6-16-42

42-6-566

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Me

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.