No. 2
-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5209

Registrar's No. 888

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: 1902 East 30th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Missouri (b) County Sullivan 0

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

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Helen G. GUTHERIE

3. (b) If veteran, name war No

3. (c) Social Security No. 487-14-6371

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Gutherie

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 5th, 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	9	15	..... hr. ..... min.

9. Birthplace Green City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business .....

FATHER
12. Name Herman Martin
13. Birthplace Green City Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Blanche Callahan
15. Birthplace Lindley Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blanche Martin,
(b) Address Green City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/20/43.
(Month) (Day) (Year)
(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 2/21/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1943 hour 18 minute A M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...
that I last saw h Deputy Coroner ..... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Cause of death unknown -

Due to Pending further

Due to investigation

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

200

Major findings:
Of operations .....

Of autopsy See Above

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 A. E. Upsher (M. D. or other) M.D.

Address 23rd McCoy Date signed 2/20/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1948

JUL 6 - 1943

OCT 7 1946

MAR 24 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5209
888

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

SUPPLEMENTARY

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:
(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

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

3. (a) PRINT FULL NAME: Helen G. Gutherie
3. (b) If veteran, name war: --
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 5 (Day) 1920 (Year)
8. AGE: Years 22 Months 9 Days 15 Unless than one day hrs. min.
9. Birthplace: Missouri (City, town or county) (State or foreign country)
10. Usual occupation: Stenographer
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cause of death unknown.	
Pending further investigation.	
Due to	
Due to Cause of death unknown.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above.	

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: C. E. Upner (M. D. or other) M. D.
Address: 23 McCoy Date signed: 10/22/43

I have your letter of October the 19th, 1943 relative to the death of Mrs. Beulah Ethel Coke.

The immediate cause of her death was tetanus complicated by bilateral lobar pneumonia. However, inasmuch as she was delivered three weeks previously, there is a remote possibility that the tetanus could have been contracted in that manner. There was no history of a wound or penetration of the skin by a pin or splinter, but it is possible that the patient may have had minor abrasions which went unnoticed.

Sincerely

G.N. Gillum

G.N.Gillum, D.O.

5209