

No. 2.
M-2-43
5-17-39
X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13194

State File No. _____

Registrar's No. **1699**

FILED MAY 3 1943

Registration District No. **49**

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:
2533 Elmwood
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **22 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri** (b) County **Jackson** **3**
 (c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2533 Elmwood**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **OLVIA GUTHRIE**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **8**
 year **1943** hour **2** minute **41** M.
 21. I hereby certify that I attended the deceased from **April 4, 1943**
 1942, to **April 7**, 1943
 that I last saw her alive on **April 7**, 1943
 and that death occurred on the date and hour stated above.

4. Sex **Fe.** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Oliver James**
 (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **Jan. 3, 1879**
(Month) (Day) (Year)

Immediate cause of death **Chronic gastric Colitis**
 Due to **long standing facial infection**
 Due to **2002**
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
64 **3** **5** hr. min.

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business **None**

12. Name **George M. Randall**

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

14. Maiden name **Unknown**

15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver J. Guthrie**
 (b) Address **2533 Elmwood**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 10, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc**
 (b) Address **Kansas City, Mo**

19. (a) **4-9-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

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? _____

23. Signature **C. W. Himmeler** (M. D. or other) **D.O.**
 Address **4202 1/2 E. 24th St** Date signed **4-9-43**

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Dr. R. King
24th & Jackson
3015 E. 16th

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 *W. H. B. LaRocca*.....

Licensed Embalmer No. 2244.....

P. O. Address.....

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.