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1-5-42  
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X32873  
19

FILED JUN 10 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 99

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1101 Jersey /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1101 Jersey  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ---

3. (a) PRINT FULL NAME William Guthrie  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 24 year 43 hour 11 minute 13 P.M.  
 21. I hereby certify that I attended the deceased from 1935 to May 24 1943  
 that I last saw him alive on May 24 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Rosa Guthrie 6. (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased June 19 1866  
(Month) (Day) (Year)

Immediate cause of death  
Hypostatic congestion 10 days  
senility 2 yrs.  
Brain tumor 4 yrs.  
 Other conditions Paralyzed 7 yrs.  
(Include pregnancy within 3 months of death)  
 Major findings: on left side  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years 76 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Dallas County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Steel Worker  
(retired)

11. Industry or business None

12. Name Absolem Guthrie

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

14. Maiden name Nancy Davis

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

16. (a) Informant Amos Guthrie

(b) Address Tulsa, Oklahoma

17. (a) Burial (b) Date thereof May 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 25 '43 (b) Elizabeth Couplin  
(Date received local registrar) (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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Albert B. Wheeler (M. D. or other)  
 Address Carthage Mo Date signed May 24

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

MOTHER FATHER

43-5-439

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, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name 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 \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Wm Anthony  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 19 1936  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 24  
Year 1943 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic congestion

Due to senility

Due to Brain tumor benign

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) paralyzed!

Major findings: on left side

Of operations \_\_\_\_\_

Of autopsy 57d

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTAL

TEMPERATURE

PHYSICIAN  
Underline the cause to which death should be charged statistically.

William P. Wheeler  
Culler, m.

21181-5