

S. No. 2
M-94-41
ex. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26410

FILED AUG 2 1943

Registration District No. 940

Primary Registration District No. 6208

Registrar's No.

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town SILVA RURAL
(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 57 YEARS
In this community 57 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE
(c) City or town SILVA RURAL
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ALICE MAY GUTES

3. (b) If veteran, name war. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPH A. GUTES 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased SEPT 26 1885

8. AGE: Years 57 Months 6 Days 5 If less than one day hr. min.

9. Birthplace SILVA MISSOURI

10. Usual occupation HOUSEWORK

11. Industry or business HOME

12. Name MADISON TWIDWELL
13. Birthplace NASHVILLE TENN.
14. Maiden name LAVINIA BOHNER
15. Birthplace UNKNOWN

16. (a) Informant JOSEPH V. GUTES
(b) Address SILVA MISSOURI
17. (a) BURIAL (b) Date thereof APR 2 1943
(c) Place: burial or cremation TWIDWELL CEM.

18. (a) Signature of funeral director N. W. Gish
(b) Address Paducah
19. (a) 7-9-1943 (b) Fney Bennett

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 1 year 1943 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 1943 to date of death 1943
that I last saw her alive on Feb 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis
Due to: 2 1/2 yrs

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 46 lb
Of autopsy: PHYSICIAN

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 Adam F. Wagner M.D. or other
Address Greenwood Date signed 4-10

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

MOTHER FATHER

8038

RECEIVED

District Health Officer No. 4
District File Number 743-2469
Date Filed 7-31-43

[Handwritten notes and signatures, including "C. H. ...", "A. H. ...", and "J. H. ..."]

[Handwritten notes and stamps, including "AUG 5 1943" and "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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed *Norman W. Gish*
Licensed Embalmer No. 3387
P. O. Address *Putnam, Ma*

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.