. S. No. 2
OM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32787

State File No.

Registration District No. 3060 Primary Registration District No. 3076 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 129 So. Pine St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ 1 (Specify whether

In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

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

(d) Street No. 129 So. Pine (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marsela Cecilia Gutierrez

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 8 (Day) 1943 (Year)

8. AGE: Years | Months 7 | Days 5 | If less than one day ✓ hr. ✓ min.

9. Birthplace Las Vegas (City, town, or county) New Mexico (State or foreign country)

10. Usual occupation 6

11. Industry or business

FATHER
12. Name Cecilia Gutierrez
13. Birthplace Rosida New Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Guadalupe Montoya
15. Birthplace Rosida New Mexico (City, town, or county) (State or foreign country)

16. (a) Informant Cecilia Gutierrez

(b) Address Camp Clark Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 14 43 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemet

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo.

19. (a) 9-25-43 (Date received local registrar) (b) Hazel B. Burck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 19 year 1943 hour 9 minute 30 A.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 Status Thymo-lymphaticus

Due to

Due to 64

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlargement of Thymus.

Duration

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 Braxton Davis Coroner (M. D. ~~or other~~)

Address Nevada, Mo. Date signed 9-13-43

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-43-1017
Date Filed 10-8-43

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 Mike E Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.