

FILED JUN 13 1944

Registration District No.

Primary Registration District No. 3006

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Grischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 30
(c) City or town Plad
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clyde Guthrie

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
7. Birth date of deceased: September 19 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Deleard Guthrie
13. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margie Riley
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Guthrie (pt.)
(b) Address Route #1, Plad, Missouri
17. (a) ~~DATE~~ (b) Date thereof May 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plad MO
18. (a) Signature of funeral director L G Jones
(b) Address Buffalo MO

19. (a) 5-28-1944 (b) Colna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 29 1944, to May 27 1944;
that I last saw him alive on May 27 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Common Bile duct Obstruction Duration 5 mo

Due to _____
Due to 12784
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Common Bile duct Obstruction
Of operations no autopsy
of autopsy no autopsy
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? _____ (c) Means of injury _____
23. Signature J. H. Gordon (M. D. or other)
Address Columbia MO Date signed 5-27-44

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

0
2
4

MOTHER FATHER

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-44

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. 115 10223

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.