

FILED SEP 14 1944

Registration District No. 42

Primary Registration District No. 5144

Registrar's No. 278

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Rombauer Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT CHESTEEN GUTHRIE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug. day 22  
year 1944 hour 7:00 minute 30 M. X

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife wife  
Ada Guthrie

6. (c) Age of husband or wife if alive 111 years

7. Birth date of deceased July 25 1867  
(Month) (Day) (Year)

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

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death  
Chronic nephritis & heart  
myocarditis

Due to hypertension

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

10. Usual occupation Farmer

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

1318

MOTHER FATHER

11. Industry or business none

12. Name James Guthrie

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

14. Maiden name Hubby

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

Major findings:  
Of operations none

Of autopsy none

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

16. (a) Informant Ada Guthrie

(b) Address Rombauer Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8-24-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Rombauer

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? \_\_\_\_\_

18. (a) Signature of funeral director William B. Beary

(b) Address Worn

19. (a) 8-25-44  
(Date received local registrar)

(b) W. Belle Sturme  
(Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Wm. Beary (M. D. or other) \_\_\_\_\_

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

RECEIVED

District Health Office No. 2,

District File Number 9-4-1281

Date Filed 9-13-44

**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 Florence  
A. Beary, Registered Apprentice No. 372  
working under my personal supervision.

Signed D. H. McRobb  
Licensed Embalmer No. 3712  
P. O. Address Pocahontas, Ark

**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.**