S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28136

FILED AUG 16 1944

Registration District No. 7

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County: LACLEDE

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

(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 DAYS (Specify whether years, months or days)

In this community: ALWAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: LACLEDE

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

(d) Street No.: 228 N. MONROE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: D

3. (a) PRINT FULL NAME: MARY DINIA GUTHERIE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: ELIAS GUTHERIE

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

7. Birth date of deceased: OCT (Month) 21 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	18	hr. min.

9. Birthplace: LACLEDE CO (City, town, or county) MO (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

FATHER

12. Name: WES GREGORY

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

MOTHER

14. Maiden name: HETERA BAKER

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

16. (a) Informant: O. A. Guthrie

(b) Address: Lebanon Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation: BOLES CEM.

18. (a) Signature of funeral director: PALMER'S

(b) Address: LEBANON

19. (a) Aug-2-44 (Date received by local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 9th year: 1944 hour: 2 minute: 45 P. M.

21. I hereby certify that I attended the deceased from June, 1942 to July 9, 1944; that I last saw her alive on July 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	3 mo
Due to: Hypertension	6 yrs
Due to: Diabetes mellitus	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

61

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: James L. Hope (M. D. or other)

Address: Lebanon, Mo. Date signed: 7/21/44

(Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 7-44-92

Date Filed: 8/15/44

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 D C Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.