

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 19 1945
 Registration District No. _____

Primary Registration District No. 5605

Registrar's No. 3

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Knob Noster Rural
 (c) Name of hospital or institution: Washington
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Knob Noster
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Rt.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WASHINGTON GUTHRIDGE
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 27, year 1945, hour 7:50 minute P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 4 years (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.

7. Birth date of deceased August (Month) 4 (Day) 1884 (Year)
 8. AGE: Years 60 Months 6 Days 23 If less than one day hr. _____ min. _____

Immediate cause of death Epileptic seizure.
 Due to Been an epileptic all his life.

9. Birthplace Cooper County Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

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

11. Industry or business _____
 12. Name Thomas Edwin Guthridge
 13. Birthplace Cooper County Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Beama Steele
 15. Birthplace Bonville Missouri (City, town, or county) (State or foreign country)

Major findings: of operations
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ann Galloway
 (b) Address Windsor Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence Feb. 27, 1945.

17. (a) Burial (b) Date thereof Mar. 1, 1945 (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hope

(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? In the country home.
 While at work? _____ (Specify type of place) (e) Means of injury Aspirin

18. (a) Signature of funeral director C. L. Sauls
 (b) Address Knob Noster Mo.
 19. (a) Mar 2, 1945 (Date received local registrar) (b) Mrs C. L. Sauls (Registrar's signature)

23. Signature T. May (Specify type of place) (c) Means of injury Aspirin
 Address Walden, Mo. Date signed 3/1/45

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

700

1344

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.....

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.