S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17693

State File No.

FILED MAY 16 1945

Registration District No. 2

Primary Registration District No. 4381

Registrar's No. 3

1. PLACE OF DEATH: 945

(a) County Nodaway

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Mo. (b) County Nodaway

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Oceana Amanda Guthrie

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased April (Month) 12 (Day) 1861 (Year)

8. AGE: Years 84 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Monroe (City, town, or county) Wisc. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Calvin Willey
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Christina Blake
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Lee Guthrie

(b) Address Hopkins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Braddyville, Ia.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 4/27/45 (Date received local registrar) (b) O.H. Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 24
year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 1/10, 1945 to 4/24, 1945
that I last saw her alive on 4/20, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	3 mo
Due to Arteriosclerosis	many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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. White (M. D. or other)

Address Hopkins Date signed 4/27/45

555

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.