

FILED JUL 16 1946

Registration District No. **20**

Primary Registration District No. **5080**

Registrar's No. **17**

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

1. PLACE OF DEATH:

(a) County **Bates**
 (b) City or town **Near Adrian, Deer Creek Twp.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **3** years
(Specify whether years, months or days)
 In this community: **3** years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
 (c) City or town **Rural-Grand River Twp.**
(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 **Chad Virgil Guthrie**

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

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 _____ years
 7. Birth date of deceased **August 8 1928**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 10 27 hr. min.

9. Birthplace **Abbott Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Station**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ollie Virgil Guthrie**
 13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)
 14. Maiden name **Curtis Gill**
 15. Birthplace **Lucas Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Curtis Guthrie**

(b) Address **Adrian Mo**

17. (a) **Burial** (b) Date thereof **7-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Altona Cemetery**

18. (c) Signature of funeral director **Loath & Simpson**

(b) Address **Adrian Mo**

19. (a) **7-6-46** (b) **Myra Owens**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**
 year **1946** hour **About 4** minute **15** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Fatal Burns**

Due to **Air Plane Crash,**

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy **No** **173/8** **173/4**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **Accident**

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **July 5, 1946**

(c) Where did injury occur? **1/2 Mile east of Adrian Mo, on Highway 18**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **Burn**

23. Signature **John G Underwood Coroner**
Butler Address **Mo** Date signed **7-6-46**

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RECEIVED

DEPARTMENT OF HEALTH No. 7

FILED 6-46-732

FILED 7-10-46

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.

This body was not embalmed.

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.