S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 757

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29585

State File No.

Primary Registration District No. 5520

Registrar's No. 205

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 1, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 1, Windsor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Susan Jane Guthridge
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Fe 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John E. Guthridge
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May (Month) 10 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	4	20	hr. min.

9. Birthplace Boonville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER / FATHER
12. Name William H. Steele
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Jane Rogers
15. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Mrs. Emmett Galloway
(b) Address Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-48
(c) Place: burial or cremation New Church Cemetery Johnson County, Mo
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor Mo.
19. (a) 10-4-48 (Date received local registrar) (b) R R Kenney (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1948 hour 10 minute 30 p M.
21. I hereby certify that I attended the deceased from Sept 30, 1948, to Sept 30, 1948, that I last saw h alive on Sept 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause of which death should be charged statistically.

Major findings:
Of operations None
Of autopsy

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? No
While at work? (Specify type of place) (e) Means of injury

23. Signature R R Kenney M.D. (M. D. or other)
Address Windsor Mo Date signed 10-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 9-48-115
Date Filed 10-11-48

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 William M. Turner, Registered Apprentice No. 470, working under my personal supervision.

Signed Elbert Hurlow

Licensed Embalmer No. 3391

P. O. Address Windsor 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.