

No. 2
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5-17-39
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32139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 4 1948

DELAYED

3007

Registrar's No. 361

Registration District No. 43 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community life
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Freddie Leon Guthrie
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 11
year 1948 hour 3 minute _____ A. M.
21. I hereby certify that I attended the deceased from
Jan 11, 1948, to 1-11, 1948
that I last saw him alive on 1-11, 1948
and that death occurred on the date and hour stated above.

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 Oct 26 1947
(Month) (Day) (Year)

Immediate cause of death aphylactemia
Due to cardiac failure
Due to acute sinus thrombosis
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
2 15 _____ hr. _____ min.
9. Birthplace Neelyville Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

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

MOTHER FATHER { 12. Name William Guthrie
13. Birthplace Argo Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Ruby McCollum
15. Birthplace Clay Co. Ark
(City, town, or county) (State or foreign country)
16. (a) Informant William Guthrie
(b) Address Neelyville, Mo.
17. (a) Burial (b) Date thereof 1/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Williams Ceme.
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.
19. (a) 10-28-48 (b) R. H. M... ..
(Date received local registrar) (Registrar's signature)

23. Signature R. H. M... .. (M.D. or other)
Address Poplar Bluff, Mo. Date signed 1-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1148-1399

Date Filed 11-1-48

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.....

Carlos Taylor....., Registered Apprentice No. 60
working under my personal supervision.

Signed Susan McCord.....
Licensed Embalmer No. 4979

P. O. Address Taylor 418.....

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.