

No. 2
5-43
5-17-39
X36671

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

FILED NOV 16 1948

Registration District No. **199**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
 In this community 26 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5742 Kenwood
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: ---

3. (a) PRINT FULL NAME Elda Mayes Guthrie
 3. (b) If veteran, name war No
 3. (c) Social Security No. 500-28-6820

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 26
 year 1948 hour 3 minute 2 P. M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MR. PATON C GUTHRIE
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased AUGUST 20 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 12 1948 to Oct. 26 1948;
 that I last saw her alive on Oct. 26 1948;
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 2 Days 6
 If less than one day hr. min.

Immediate cause of death Senility
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 162-48
 Major findings: Of operations _____
 Of autopsy See above

9. Birthplace WARRENSBURG MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE

11. Industry or business _____
 12. Name W. J. MAYES
 13. Birthplace WARRENSBURG MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name ANNA JOSEPHINE LEA
 15. Birthplace WARRENSBURG MISSOURI
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 See above

16. (a) Informant MR. PATON C. GUTHRIE
 (b) Address 5742 KENWOOD AVENUE
 17. (a) BURIAL (b) Date thereof OCT 28 1948
(Burial, cremation, or removal) (City or town) (County) (State)
 (c) Place: burial or cremation WARRENSBURG MISSOURI
(City or town) (County) (State)

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? _____

18. (a) Signature of funeral director W. W. Hart
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 10-28-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature W. W. Hart (Specify type of place) _____
 While at work? _____ (c) Means of injury _____
 Address Med. Dir. Gen'l Hosp.
(M. D. or other) (Date signed)

Dr. J. J. [unclear]

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..... *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address. *Kansas City, 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.