

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1949

State File No. 15901

Registrar's No. 1984

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 2 YEARS		d. STREET ADDRESS (If rural, give location) 1249 DENVER AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) MILDRED		b. (Middle) O.	
		c. (Last) GUTH	
		4. DATE OF DEATH (Month) (Day) (Year) MAY-5-1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR-19-1910
9. AGE (In years last birthday) 39 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORK	
10b. KIND OF BUSINESS OR INDUSTRY BOSS MANUFACTURING		11. BIRTHPLACE (State or foreign country) MAYVIEW MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN GOSROSKI	
13b. MOTHER'S MAIDEN NAME CLARA BELLE SHANKS		14. NAME OF HUSBAND OR WIFE CARL L. GUTH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 476-05-4790	
17. INFORMANT'S SIGNATURE OR NAME. CARL L. GUTH		ADDRESS 1249 DENVER AVENUE KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus encephalitis		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 9, 1949, to MAY 5, 1949, that I last saw the deceased alive on MAY 5, 1949, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) 23b. ADDRESS 1103 Grand, KCMO 23c. DATE SIGNED May 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE MAY 7 1949 24c. NAME OF CEMETERY OR CREMATORY Mt. ST. MARY'S CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 5-6-49 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer, Jr. ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Pending 4-13  
called 5-23  
call again in wk.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*Edward M. Storey*

Signed.....

Student Embalmer

Licensed Embalmer No. 4452

P. O. Address. K. C. 4 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.