

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 347 Primary Registration District No. 2018 Registrar's No.

1. PLACE OF DEATH  
(a) County HENRY  
(b) City or town CLINTON  
(c) Name of hospital or institution: COMMUNITY CLINIC  
(d) Length of stay: In hospital or institution 75 Mo  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County HENRY  
(c) City or town CLINTON MO  
(d) Street No. 214 N MAIN  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Edith C Guttridge  
3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 13 year 1941 hour 6 am minute M.

4. Sex Female 5. Color or race white (a) Single, widowed, married. (b) Name of husband or wife W W (c) Age of husband or wife if alive years 28-1823  
7. Birth date of deceased (Month) 9 (Day) 28 (Year) 1823

21. I hereby certify that I attended the deceased from 1939 to Nov 13, 1941. that I last saw him alive on Nov 13, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 1 Days 16 If less than one day hr. min.

Immediate cause of death: Coronary embolus myocarditis  
Due to: Fibrillation of heart

9. Birthplace: Clinton MO (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Allen Cameron  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Mary Hink  
15. Birthplace New York (City, town, or county) (State or foreign country)

Major findings: Of operations 938 Of autopsy

16. (a) Informant Shirley S Bayer (b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 11-16-41 (Month) (Day) (Year)

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?

(c) Place: burial or cremation: Clinton Englewood  
18. (a) Signature of funeral director: Fred Wilkerson (b) Address: Clinton Mo  
19. (a) 11-13-41 (Date received local registrar) (b) Dr. J.P. Hampton (Registrar's signature)

(Specify type of place) While at work (c) Means of injury  
23. Signature: J. B. Omit (M. D. or other) D 7.2  
Address: Clinton, Mo Date signed: 11-15-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1929

Date Filed 11-24-41

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**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.....

*Fred W. Peterson*

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**