

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**6500**  
Do not use this space.

REC'D MAR 1 9 1939

**1. PLACE OF DEATH**

(a) County Brown Registration District No. 316  
 (b) Township Brown Primary Registration District No. 4191  
 (c) City Ash Grove (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 163 Margaret Dunkle Goforth  
Ash Grove Mo. (Usual place of abode, if no street address, write county (city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>W. A. Goforth</u>          |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>July 18-1864</u>                                |  |   |
| 7. AGE  | YEARS<br><u>74</u>   | MONTHS<br><u>7</u>  |
|   | DAYS<br><u>1</u>   | If LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>housewife</u> |   |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.                                |   |
|   | 10. Date deceased last worked at this occupation (month and year)                                      | 11. Total time (years) spent in this occupation                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Bode County Missouri</u>               |  |   |
| FATHER  | 13. NAME<br><u>John Dunkle</u>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ohio</u>  |   |
| MOTHER  | 15. MAIDEN NAME<br><u>Anna Hankins</u>   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Bode County Missouri</u>                        |   |
| 17. INFORMANT (ADDRESS)<br><u>Ray Goforth - Ash Grove Mo.</u>                                 |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Ash Grove County</u> DATE<br><u>Feb-20-1939</u> |  |   |
| 19. FUNERAL DIRECTOR (ADDRESS)<br><u>Ever Funeral Service</u>                                 |  |   |
| 20. FILED <u>Mar 4 1939</u> <u>Miss Leonard Barnes</u> Local Registrar                        |  |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1939 to Feb 18 1939. I last saw her alive on Feb 18 1939. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:  
uraemic coma  
chronic parenchymatous nephritis + hypertension

Other contributory causes of importance:  
 \_\_\_\_\_

Name of operation none Date of no  
 What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Charles H. McHaffie, M. D.  
 (Address) Ash Grove Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**