

JUL 13 1940

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

21716
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry 2 Registration District No. 309
 (b) Township 0 Primary Registration District No. 4185 Registered No. 135
 (c) City Albany (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 0 How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

260 William Herbert Goucher
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Barger Goucher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 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) Bethany Missouri 0

FATHER 13. NAME William Goucher 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Mo. 0

MOTHER 15. MAIDEN NAME Hattie Loper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Mo.

17. INFORMANT Mrs. Herbert Goucher (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE June 26 40

19. FUNERAL DIRECTOR Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILE June 25 40 W. G. Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 19 40

22. I HEREBY CERTIFY, That I attended deceased from saw after death, 19...
 I last saw h. _____ alive on _____, 19... Death is said to have occurred on the date stated above, at 6:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Depression fracture of skull - Hemorrhage into lung from fracture of ribs & clavicle ✓
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify Dr. Jack A. Barnes 20 M. D.
 (Signed) Kelly City, Mo.
281 (Address) Gentry Co. Coroner

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X12004

1442

RECEIVED
District Health Officer No. 11,
District File Number 740-1190
Date Filed JUL 11 1940

STATEMENT BY LICENSED EMBALMER

I, Clifford Brooke, Licensed Embalmer No. 3329

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clifford Brooke
Licensed Embalmer No. 3329

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21716

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 309

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Leury

(b) City or town Leury
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Leury

(c) City or town Leury, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Wm Herbert Goucher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

19. DATE OF DEATH Month June day 24
year _____ hour _____ minute _____ M.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced w

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

35 2 22 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 3, 40 (b) W.T. Martin
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Jack A. Barnes (Print name)
Address King City, Mo.

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21716

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 309

Primary Registration District No. 4183

Registrar's No. _____

1. PLACE OF BIRTH:

(a) County Geary
(b) City or town Atchison
(c) Name of hospital or institution:
Died in ambulance in
outskirts of Atchison Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Wm Herbert Koucher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 35- Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 3, 40 (b) W. H. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Depression

fracture of skull

Due to penetrating wound from

fracture of rib and clavicle

Due to this auto mobile accident

2 mi. north of Keelerston

Other conditions low and killed him.

(Include pregnancy within 3 months of death)

Major findings not any other cause

Of operations near the accident.

Of autopsy died in Mo. - m.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature Jack A. Bernea (M. D. or other) _____

Address King City Mo Date signed _____

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

SUPPLEMENTARY

9-20-40

Write for place of death -
Mo. or Iowa?