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.

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

22723

Do not use this space.

1. PLACE OF DEATH
(a) County St Francois 2 0 Registration District No. 779
(b) Township Randolph Primary Registration District No. 6024 Registered No.
(c) City Cantwell (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 435 Emma Golden
(a) Residence, No. Cantwell Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 John W. Golden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Care of home
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) potosi 0 Missouri 0

FATHER
13. NAME Walter Mull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis 0 Missouri

MOTHER
15. MAIDEN NAME Sarah Henson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) potosi Mo

17. INFORMANT (ADDRESS) John W Golden Cantwell

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Francois DATE 6-13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C V Boyer Desloge Mo

20. FILED 7-9 1940 W. P. Duckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 11, 1940
I last saw her alive on June 10, 1940 Death is said to have occurred on the date stated above, at 1:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	unk
48	

Other contributory causes of importance:
sex anemia

Name of operation Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) H. C. Goebel, M. D.
700 (Address) Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1942

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 C. J. Burger

Licensed Embalmer No. 1621

P. O. Address Versailles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.