

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34790

NOV 15 1940

State File No. _____

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Columbia Pt
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone

(c) City or town 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 Martha A. Gholson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29th
year 1940 hour 10 minute 00 M.

4. Sex Female 5. Color on race White

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

(b) Name of husband or wife Jarvis Gholson 6. (c) Age of husband or wife if alive 18.50 years
Feb (Month) 13 (Day) 18.50 (Year)

21. I hereby certify that I attended the deceased from Oct 6th
1940, to Oct 29th, 1940

that I last saw her alive on Oct 28, 1940, 1940;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Broncho Pneumonia

Duration 3 weeks

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

Due to _____

Due to _____

10. Usual occupation House Wife

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

11. Industry or business _____

12. Name Ebina Boyd

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

14. Maiden name Naura Eastwood

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Susie Gholson

(b) Address Hallsville, MO. 127

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10/31-1940
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo. Cem

(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? _____

18. (a) Signature of funeral director Centralia Mo

(b) Address _____

19. (a) 11/1/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Frank W. Gholson (M. D. or other) _____

Address Centralia, Mo. Date signed _____

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

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 me
....., Registered Apprentice No. 2589
working under my personal supervision.

Signed

M. J. McDonald

Licensed Embalmer No. 2589

P. O. Address

Centralia 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.