

FILED NOV 15 1940

STANDARD CERTIFICATE OF DEATH

35575

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2130 Bird
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2130 Bird
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Mary Lue Gooch

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martin Gooch 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 21 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Housedutied

11. Industry or business Home

12. Name Riley Williams

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

14. Maiden name Sarah Bovy

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

16. (a) Informant Mrs. A. M. Webb

(b) Address 2221 Fisher Ave

17. (a) Burial (b) Date thereof 10 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cem

18. (a) Signature of funeral director Hurlbut and Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 10-3-40 (b) W. J. Gooch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1940 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 21 - 1940
to Oct 1 - 1940, 19____, to Oct 12 1940, 19____;
that I last saw her alive on Oct 1 - 1940, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

372 (Specify type of place) While at work? (e) Means of injury

23. Signature Otho L. Dickey D.O. (M.D. or other) 3

Address Joplin Mo Date signed Oct 3 - 1940

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

MOTHER FATHER

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 Steve D. Parker

Licensed Embalmer No. 25748

P. O. Address Joplin 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.