

No. 2
-13-40
17-39
X231

MAR 14 1941

Registration District No. **74**

Primary Registration District No. **5113**

Registrar's No. **4**

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Rocky Fork Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community several years
years, months or days) about 10 yrs.

3. (a) PRINT FULL NAME JAMES DAVID GOODING
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex M **5. Color or race** W **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Mary Cecily Gooding **6. (c) Age of husband or wife if alive** 64 years
7. Birth date of deceased Sept 3 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Miles Gooding
13. Birthplace Cecily 1 (City, town or county) (State or foreign country)

14. Maiden name Reed
15. Birthplace Dartburg 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Harcourt
(b) Address Centerville Mo.

17. (a) Burial, cremation, or removal Reed **(b) Date thereof** 2 3 41
(Month) (Day) (Year)
(c) Place: burial or cremation Cecily Mo.

18. (a) Signature of funeral director Mrs. M. Harcourt
(b) Address Centerville Mo.

19. (a) Date received local registrar 2/3-1941 **(b) Registrar's signature** Mrs. M. Harcourt

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Halleaville 0
(If outside city or town limits write "RURAL")
 (d) Street No. Rural 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 1, 1941 to Feb 2, 1941; that I last saw him alive on Feb 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia influenza

Due to Prostatic Obstruction (Carcinoma)

Other conditions 518
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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? 75

23. Signature Frank W. Bunker (Specify type of place) (e) Means of injury
Address Centerville, Mo. **Date signed** 2/2/41

Duration 6 months 2 days
 4 yrs
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

M. J. McNeill

Licensed Embalmer No.....

2589

P. O. Address.....

Centuria 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.