

FILED MAR 17 1941 31

Registration District No. _____

Primary Registration District No. **5595**

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County **JOHNSON**
(b) City or town **RURAL SIMPSON TWP**
(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)

8. (a) PRINT FULL NAME **BERTHA H. GOLES**

8. (b) If veteran, name war 8. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **GRANT W. GOLES** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPT 7 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE RETIRED**

11. Industry or business _____

12. Name **EDWARD SIMPSON**

13. Birthplace **COOPER COUNTY MO**
(City, town, or county) (State or foreign country)

14. Maiden name **FANNIE WRIGHT**

15. Birthplace **COOPER COUNTY MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. C. GOLES**

(b) Address **WARRENSBURG MO RD 2**

17. (a) **BURIAL** (b) Date thereof **FEB 25 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUNT OLIVE**

18. (a) Signature of funeral director **E. S. JAMES**

(b) Address **CONCORDIA MO**

19. (a) **Feb 25-41** (b) **Bertie Bentley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JOHNSON** **51**

(c) City or town **RURAL** **11**
(If outside city or town limits, write "RURAL")

(d) Street No. **7 mile N E of WARRENSBURG, MO**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **23**
year **1941** hour **7** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Jan 6**, 19**41** to **Feb 23**, 19**41**;
that I last saw her alive on **Feb 21**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **1 1/2 hr**

Due to **Arterio Sclerosis**

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 **E. S. James** (M. D. or other) **D**

Address **Concordia** Date signed **2-24-41**

RECEIVED
District Health Officer No. 8
District File Number
3-5-41
Date Filed

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.....

working under my personal supervision.

Signed

E. S. Jarnis

Licensed Embalmer No. *2058*

P. O. Address *Concordia, 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, above space should be left blank.