

No. 2  
-1-4-1  
5-17-32  
I X288

**MAR 19 1941**

Registration District No. **733**

Primary Registration District No. **4438**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Randolph

(b) City or town Huntsville  
(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 3 da years, months or days

**3. (a) PRINT FULL NAME** NENORA GOOCH

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

4. Sex fe 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 7, 1880  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

61 0 28 hr. \_\_\_\_\_ min.

9. Birthplace Higbee Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Joseph Terrill

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

14. Maiden name Lena Carter

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

16. (a) Informant Mrs. Louise Ahrend

(b) Address 1502 1/2 Ave, Greeley, Colo.

17. (a) Burial (b) Date thereof Mar 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopinger Mo

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo

19. (a) Mar - 13 - 1941 (b) W. D. A. Barnhart  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Adair

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country?  (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 5 year 1941 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 4 to March 5 19 41

that I last saw her alive on March 5 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to Influenza 2 days

Due to Toxic Epithelioid State 4 hrs

Other conditions (include pregnancy within 3 months of death) 62 1/2

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? Yes

23. Signature D. W. Johnson (M. D. or other) 200

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

Address Huntsville Mo Date signed 2/2/41

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 Paul T. Patton  
Licensed Embalmer No. 4095  
P. O. Address Huntville, Me

**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.**