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CHIEF APR 28 1941
Registration District No. _____

Primary Registration District No. 5941

State File No. _____

Registrar's No. 11

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

1. PLACE OF DEATH: Pulaski
 (a) County _____
 (b) City or town Rural x Liberty 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 15 years -
 years, months or days)

3. (a) PRINT FULL NAME FRANCES GOFORTH

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife James Goforth 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 14 1872
 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days _____ If less than one day
 hr. _____ min.

9. Birthplace Iberia Mo 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Felix Gardner
 13. Birthplace Iberia Mo 0
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Ellen Humes
 15. Birthplace Indiana 1
 (City, town, or county) (State or foreign country)

16. (a) Informant James Goforth
 (b) Address Richland, Mo

17. (a) Burial (b) Date thereof 3-25-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Mo

18. (a) Signature of funeral director F. L. Casey
 (b) Address Iberia, Mo

19. (a) March 23 1941 (b) Orrett A. Oliver
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pulaski 5
 (c) City or town Rural Liberty Twp. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Richland, Mo. 477.0 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
 year 1941 hour 10 minute 30 9 M.

21. I hereby certify that I attended the deceased from March 14, 1941, to March 23, 1941;
 that I last saw her alive on March 23, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 3-14/1941

Due to Unknown

Due to _____ 107

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

Major findings: Of operations _____
 Of autopsy none

Duration

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? 640
 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Orrett A. Oliver (M. D. or other) 11
 Address Richland, Mo. Date signed 3-23-1941

RECEIVED

District Health Officer No. 5,

District File Number 44/530

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 -----

-----, Registered Apprentice No. -----
working under my personal supervision.

Signed W. Casey

Licensed Embalmer No. 2694

P. O. Address W. Case

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.