

**AUG 15 1941**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

24888

Registration District No. 211

Primary Registration District No. 5291

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Elston  
(c) Name of hospital or institution County Home  
(d) Length of stay: In hospital or institution 45 hrs  
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Elston  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME

Esther Ann Gough

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex 1 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased NO Record

8. AGE: Years 90 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name John Gough

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

14. Maiden name NO Record

15. Birthplace NO Record (City, town, or county) (State or foreign country)

16. (a) Informant L. G. Gough (b) Address Elston

17. (a) Burial (b) Date thereof 6-20-41 (c) Place: burial or cremation Elston Cem

18. (a) Signature of funeral director [Signature] (b) Address [Address]

19. (a) June 19, 1941 (b) [Signature] (c) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1941 hour 3 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from June 1 1941 to June 19 1941 that I last saw her alive on June 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension  
Due to chronic nephritis

Other conditions none (Include pregnancy within 8 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? \_\_\_\_\_

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

23. Signature [Signature] M. D. Date signed 6-20-41  
Address [Address]

Duration \_\_\_\_\_  
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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**