. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31857

Registration District No. 431 Primary Registration District No. 5590 Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Rural (Columbus) Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community AllLife
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson 57

(c) City or town Holden Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Goldie R. Harden

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 2

5. Color or race Negro

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Jan. (Month) 18 (Day) 1923 (Year)

8. AGE: Years 18 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

FATHER
12. Name Geo. Harden
13. Birthplace Johnson Co. (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Mattie Diggs
15. Birthplace Ray Co. (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant Arthur Harden
(b) Address Holden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3 41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Blackwater Cemetery

18. (a) Signature of funeral director J. H. Murray
(b) Address Holden Mo

19. (a) Sept. 2-1941 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Aug 4, 1937, to Aug 31, 1941; that I last saw him alive on Aug 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to

107

Other conditions Multiple abdominal abscesses from ruptured
(Include pregnancy within 3 months of death)

Major findings: Of operations Appendix — 1940

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Kelly Rawlins (M. D. or ~~other~~)
Address Holden Mo Date signed 9/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-9-41

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 J. H. Murray

Licensed Embalmer No. 3893

P. O. Address Holden, 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.