S. No. 2
—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34928

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 820

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 Hrs (Specify whether)
In this community 4 1/2 hrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Unknown
(c) City or town Edwardville (If outside city or town limits, write "RURAL")
(d) Street No. 243 So. Filmore (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rebecca Ann Gooch
3. (b) If veteran, name war: Infant
3. (c) Social Security No. None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: Infant
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased: Oct (Month) 12 (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	4 hr. 30 min.

9. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: Infant
FATHER
12. Name: Jerome Gooch
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Ellen Little
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Blon J. Gooch
(b) Address: 1903 N. Taylor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 13-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: W. Klingner & Co
(b) Address: Springfield Mo.
19. (a) 10-13-41 (Date received local registrar) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1941 hour 12.00 minute P.M.
21. I hereby certify that I attended the deceased from 10-12 6 am, 1941, to 12 PM 10-12, 1941; that I last saw her alive on 10-12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary atelectasis	
Due to: Premature 5 1/2 mo	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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
23. Signature: Jos. S. James (M. D. or other) MD
Address: Springfield Mo. Date signed 10-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Young Field

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

If this body is not embalmed, fact should be so stated above.