

No. 14-57-190

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

JAN 7 1948

State File No.

Registration District No. 221

Primary Registration District No. 4134

Registrar's No.

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Otterville, Mo. 1st
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Entire life years, months or days _____
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Otterville
 (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 _____

3. (a) PRINT FULL NAME Earl Henry Gochenour
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 28
 year 1941 hour 4 minute 15 PM
 21. I hereby certify that I attended the deceased from Dec 28 to Dec 28, 1941
 that I last saw him alive on Dec 28 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edith Forner Gochenour 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased Oct. 9 - 1904
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 1381

9. Birthplace Otterville, Mo. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Invalid

MOTHER FATHER
 11. Industry or business _____
 12. Name Benjamin Gochenour
 13. Birthplace Cooper County, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna DeJong
 15. Birthplace Cooper County, Mo.
 (City, town, or county) (State or foreign country)

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. or other) _____
 Address [Address] Date signed 1/29/41

16. (a) Informant Edith Gochenour
 (b) Address Otterville, Mo.
 17. (a) Burial (b) Date thereof 12-30-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Otterville, Mo.
 18. (a) Signature of funeral director L. F. Barker
 (b) Address Otterville, Mo.
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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

Signed

Lucius F. Parker

Licensed Embalmer No.

3840

P. O. Address

Otterville, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 221

Primary Registration District No. 4134

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Otterville
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Carl H. Lochenour

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct 9 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 2 Days 19 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Feb 25-1941 (b) Misses W. Roblew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

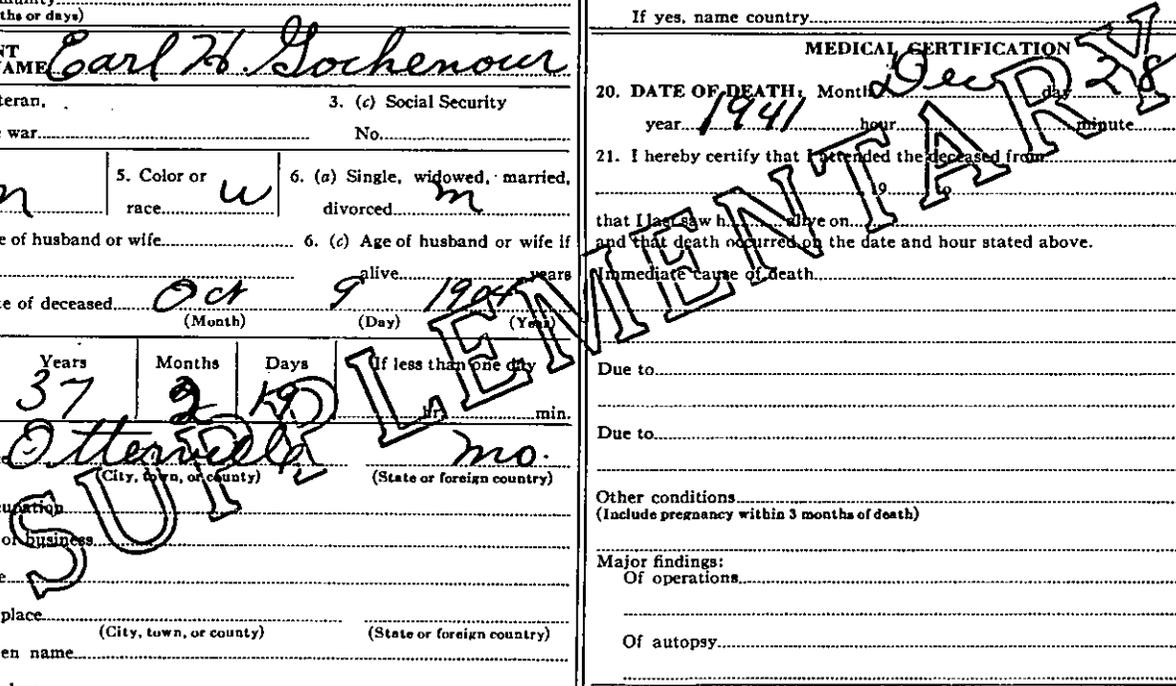
22. If death was due to external causes, fill in the following:

(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?

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

S-41696

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 04-11-2001 BY 60322 UCBAW/STP