

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 5440

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural 5 Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether in this community 2 1/2 years 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Seligman
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily Gertrude Golder

3. (b) If veteran, name war NO 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 Quentin J. Golder 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 28 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>26</u>	hr. min.

9. Birthplace Unknown North England
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name George Davies
13. Birthplace Dont Know Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Dont Know Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Quentin Golder

(b) Address Seligman, Mo.

17. (a) Burial (b) Date thereof 12-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seligman

18. (a) Signature of funeral director Robert Funnell

(b) Address Cassville, Mo.

19. (a) 12-26-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 28
1941 to Dec. 24, 1941;
that I last saw her alive on Dec. 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration _____

Due to Carcinoma of lung (metastasis)

Due to Carcinoma of liver (primary)

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations H78

Of autopsy None

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 None

23. Signature J. B. Blinn (M. D. or other) D.O.

Address Springfield, Mo. Date signed 12/24/41

STATEMENT BY LICENSED EMBALMER

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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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cassville, 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.

X