

Registration District No. 422 Primary Registration District No. 5577

1. PLACE OF DEATH  
(a) County Jefferson  
(b) City or town Victoria  
(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 \_\_\_\_\_  
In this community 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE LOUIS GOARDE  
3. (b) If veteran. name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rachel Goarde 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased: Aug 22 (Month) 1882 (Day) (Year)

8. AGE: Years 59 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Fire Keeper

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

MOTHER FATHER  
12. Name Richard J. Goarde  
13. Birthplace Sligo Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Lillian O'Neil  
15. Birthplace Salinas Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rachel Goarde  
(b) Address Victoria Mo.

17. (a) Burial (b) Date thereof Apr. 1 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Victoria Cemetery

18. (a) Signature of funeral director Donald B. DeSoto  
(b) Address DeSoto Mo.

19. (a) Mar 31-1942 (b) Wes Evans (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jefferson  
(c) City or town Victoria 050 (If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1942 hour 8 minute 309 M.  
21. I hereby certify that I attended the deceased from September 15<sup>th</sup> 1941, to March 30 1942 that I last saw him alive on March 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of R. Lung Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) HFD

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) (b) Means of injury X

23. Signature R. E. Pierce (M. D. or other) D.O.  
Address Edgemoor, De Soto, Mo. Date signed 3/31/42

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

5000

**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.....

*Francis R. Detrick*

Registered Apprentice No. *258*

working under my personal supervision.

Signed.....

*Donnell B. Detrick*

Licensed Embalmer No. *4104*

P. O. Address *Delato 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.**