V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14212

State File No.

Registration District No. 282 Primary Registration District No. 4166 Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell City 0
(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 — 0

3. (a) PRINT FULL NAME Alice Goldsmith
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Goldsmith
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. (Month) 13 (Day) 1865 (Year)

8. AGE: Years 77 Months 6 Days 8 If less than one day hr. min.

9. Birthplace IND. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name U.K.
13. Birthplace U.K. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Polly Ann Pride
15. Birthplace IND (City, town, or county) 1 (State or foreign country)
16. (a) Informant Lucy Cope
(b) Address Campbell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell Mo.
19. (a) March 30, 1942 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21 year 1942 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from March 20, 1942 to March 21, 1942 that I last saw her alive on March 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	1wk
Due to	
Due to 33 f	
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? (Specify type of place)
While at work (e) Means of injury 0
23. Signature W. E. Hutledge (M. D. or other) MD
Address Campbell, Mo. Date signed 3/28/42

1130 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-479
Date Filed 4-13-42

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Christine M. Faulkner

Licensed Embalmer No. 4327

P. O. Address Campbell, 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.