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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

Registration District No. 88

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17420

State File No. 150

Primary Registration District No. 1001

Registrar's No. 493

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

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44
(a) State Missouri (b) County Holt 0
(c) City or town Maitland Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Goldie Marie Early.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Arthur Early
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct (Month) 26 (Day) 1906 (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	6	22	hr. min.

9. Birthplace Barnard Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Restraurant Owner
11. Industry or business
FATHER
12. Name Sam B Harmon
13. Birthplace Barnard Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Diggs
15. Birthplace Rea Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Arthur Early
(b) Address Maitland Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 5-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Maitland Mo
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo.
19. (a) 5-18-42 (Date received local registrar) (b) Rose Hugo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1942 hour 12 15 minute P M.
21. I hereby certify that I attended the deceased from Apr-8- 1942 to May-18 1942
that I last saw her alive on May-18 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic Glomerular Nephritis	
Due to Hypertension	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 131b	
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 —
23. Signature [illegible] (M. D. or other) MD
Address 620 Francis St. St Joseph Date signed 5-18-42

1233 (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 ..... Registered Apprentice No. .....

working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 26 50

P. O. Address Maysville W.

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.