V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20510

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 190

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kennedy Apt. No. 10
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: Kennedy Apts.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William T. Gooch
3. (b) If veteran, name war .....
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: Mary Jane
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: August (Month) 24 (Day) 1871 (Year)

8. AGE: Years 70 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Bevier (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: City Employee
11. Industry or business .....
FATHER
12. Name: Thomas Gooch.
13. Birthplace: Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah May
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ethel Nourie
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills Cemetery
18. (a) Signature of funeral director: Dee Riley
(b) Address: Kirksville, Mo.
19. (a) 7/3/42 (Date received local registrar) (b) Mrs. J. C. Wayman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 15 1942 to June 25 1942 that I last saw him alive on June 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Failure	
Due to: Toxic Pericarditis	
Due to: Lobar Pneumonia	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No Operation
Of autopsy: No 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: A. R. Schultz (M. D. or other) D.O.
Address: 6 N.E. Pierce St. Kirksville Date signed 6/26/42

1047

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1942

RECEIVED
District Health Officer No. 10
District File Number 7-42-1459
Date Filed July 17 1942

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 Dee Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.