. 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 OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30431

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 129

42 0 0

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Clinton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404-N. 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 1-year 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry 42 0 0
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 404 N. 2nd St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME STANLEY GOHDE
3. (b) If veteran, name war none
3. (c) Social Security No. 401-03-5576

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife SYLVIA GOHDE
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct. (Month) 4 (Day) 1905 (Year)

8. AGE: Years 36 Months 11 Days 1 If less than one day hr. ✓ min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Casket Trimmer
11. Industry or business ✓

MOTHER FATHER
12. Name ERNEST GOHDE
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
14. Maiden name MINNIE GLORE
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Stanley Gohde
(b) Address Clinton Mo. 404 N. 2nd St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 8 42 (Month) (Day) (Year)
(c) Place: burial or cremation LOUISVILLE Kentucky
18. (a) Signature of funeral director H. L. Carsaut
(b) Address Clinton Mo.
19. (a) Sept. 6, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1069

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1942 hour One minute 15 A. M.
21. I hereby certify that I attended the deceased from ..... to ....., 19....;
that I last saw h... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rifle shot in neck. injuring Cord.	
Due to ✓	
Due to	
Other conditions (Include pregnancy within 3 months of death) 166	

Major findings:
Of operations
Of autopsy Rifle bullet in 2nd Cervical Vertebrae with injury to Spinal Cord

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) Homicide
(b) Date of occurrence Sept 5 1942
(c) Where did injury occur? Clinton (City or town) Henry (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Casket company. (Specify type of place)
While at work? Yes (e) Means of injury Rifle shot

23. Signature R. S. Gallimore (M. D. or Coroner)
Address Clinton Mo. Date signed 9/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1111
Date Filed 10-8-42

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 H. D. Vaniseunt

Licensed Embalmer No. 3779

P. O. Address Clinton 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.)