

FILED OCT 9 1942
Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, ^{Jun}
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lee Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas A. Golson,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male, 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single, 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 15 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 14 hr. min.

9. Birthplace Greece, 6
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant, Owner,

11. Industry or business _____

MOTHER FATHER { 12. Name Asterios, Golson,

13. Birthplace Greece, 6
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Soremstis

15. Birthplace Greece, 6
(City, town, or county) (State or foreign country)

16. (a) Informant Ge John Golson,

(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31st 1942
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette Mo.

19. (a) 9-8-42 (Date received local registrar) (b) Thomas S. Denny (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard ⁴⁵
(c) City or town Fayette, ¹
(If outside city or town limits, 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 Sept day 29
year 1942 hour 9:30 minute am M.

21. I hereby certify that I attended the deceased from 9-11-42
1942 to 9-29 1942

that I last saw him alive on 9-29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma
with Generalized Metastasis ^{Duration 6 mo}

Due to _____

Due to _____

Other conditions 520
(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?

While at work? (Specify type of place) (e) Means of injury 0 h. s.

23. Signature W. S. Denny (M. D. or other) 0 h. s.

Address Fayette Mo Date signed 9-4-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-9-42

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 Guy T. Hallen

Licensed Embalmer No. 2966

P. O. Address Fayette, 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.