

BILLED SEP 18 1942 90
Registration District No. **W.F.D.**

Primary Registration District No. **8941**

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

1. PLACE OF DEATH: **Pulaski Co.**
 (a) County **Pulaski Co.**
 (b) City or town **Rural - Liberty**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **20 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Pulaski**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Richland, Mo**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JAMES FRANKLIN GOFORTH**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widow**
 6. (b) Name of husband or wife **Maecis Gardner** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb - 7 - 1873**
 (Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **24** If less than one day
 hr. _____ min. _____

9. Birthplace **Brownville, Mo**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

11. Industry or business _____
 12. Name **David J. Goforth**
 13. Birthplace **Penn.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Laura**
 15. Birthplace **Penn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Floyd Evans**
 (b) Address **Richland Mo.**
 17. (a) **Burial** (b) Date thereof **Sept. 3-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Richland, Mo.**

18. (a) Signature of funeral director **Ed Casey**
 (b) Address **Evans Mo.**
 19. (a) **Sept 9-1942** (b) **Charles D. Dadd**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1**
 year **1942** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 25**, 1942, to **Sept 1**, 1942;
 that I last saw him alive on **Aug 31**, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis - chronic** Duration **unknown**
 Due to **lues** **unknown**

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
309

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)
 Means of injury _____
 23. Signature **Evel A. Oliver** (M. D. or other) _____
 Address **Richland Mo** Date signed **9/1/42**

1110

RECEIVED

Pulaski County Health Officer

File Number 9-42-186

Date Filed 9-18-42

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 B. L. Casey

Licensed Embalmer No. 2694

P. O. Address Herua, Md

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.