

FILED MAR 11 1943

Registration District No. **3-8**

Primary Registration District No. **3-0-6-5-1-2-0**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
310 N. Williams St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **90 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **310 N. Williams**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FLORENZA GOODING**

3. (b) If veteran, name war **None** 3. (c) Social Security **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Cornelius Gooding**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **4 - 2 - 1852**
(Month) (Day) (Year)

8. AGE: Years **90** Months **10** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Hezikah Cowden**

12. Name **Dont Know**
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Barnes**

(b) Address **Fairview Ave., Columbia, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **(2-18-42)**
(Month) (Day) (Year)
(c) Place: burial or cremation **Columbia Cemetery**

18. (a) Signature of funeral director **F. Barnes**
(b) Address **Columbia, Mo.**

19. (a) **2-14-43** (Date received local registrar) (b) **E. J. Barber** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **16**
year **1942** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 1942 to _____, 1943

that I last saw him **alive** on _____, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes**
Duration **Several years**

Due to _____

Due to _____
Other conditions **Senility**
(include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

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) **No**
(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? **No**

While at work? **No** (Specify type of place) (c) Means of injury _____

23. Signature **W. P. Depato** (M. D. or other) **M.D.**
Address **Columbia, Mo.** Date signed **2-16-43**

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

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. S. Whitfield*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbia*.....

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.