

FILED MAR 15 1943

Registration District No. 407-175

Primary Registration District No. 4280-3036

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
West Tyndall 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.....  
years, months or days)

3. (a) PRINT FULL NAME Clyde B Goold

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nora Goold 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Feb, 11, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 23 ..hr. min.

9. Birthplace..... (City, town, or county) Mich. / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name John Goold  
13. Birthplace..... (City, town, or county) Mich. / (State or foreign country)  
14. Maiden name Rosa Bryan  
15. Birthplace..... (City, town, or county) Mich. / (State or foreign country)

16. (a) Informant Mrs Nora Goold  
(b) Address West Tyndall Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King  
(b) Address Aurora Mo.

19. (a) Feb. 4, 1943 (Date received local registrar) (b) Cunius Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. West Tyndall St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 2 00 minute P. M.

21. I hereby certify that I attended the deceased from January 17, 1943 to February 3, 1943  
that I last saw him alive on February 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcera Duration 2 days

Due to Chronic Pyelonephritis 5 months

Due to Chronic Cystitis 5 months

Other conditions (Include pregnancy within 6 months of death) Chronic Arteriosclerosis

Major findings: with Spinal Cord tissue Fiber Distention PHYSICIAN

Of operations None  
Of autopsy none 330 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 Harriet H. Taylor (M. D. or other) M.D.  
Address 16 E. Locust St Date signed 2/3/43

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

RECEIVED

District Health Officer No. 6

District File Number 343-410

Date Filed MAR 12 1943

MAR 17 1943

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 Herman M. Surridge  
Licensed Embalmer No. 3072  
P. O. Address Aurora 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.