V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10775

State File No.

APR 8 1943

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 36

59 1 2

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): Less one hour

In this community

2. USUAL RESIDENCE OF DECEASED: 59

(a) State: Missouri (b) County: Livingston

(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No.: 1025 Locust Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Kay Goff

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March (Month) 1st (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day: hr. 20 min.

9. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Gordon Goff
13. Birthplace: (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Sarah Anderson
15. Birthplace: Linn Grove (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Mrs Sarah Goff
(b) Address: 1025 Locust-Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-2-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri

19. (a) March 2-1943 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 11-1-1942, 19, to 3-1-1943, 19; that I last saw him alive on 3-1-1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth; cause not determined.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

159

Major findings:
Of operations:

Of autopsy:

Duration

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): XX

(b) Date of occurrence: XX

(c) Where did injury occur? XX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX (Specify type of place)

While at work? XX (e) Means of injury:

23. Signature: Reuben Barney, M.D. (M. D. or Coroner)

Address: Chillicothe, Mo. Date signed: 3-2-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by .....

E. R. Norman, Registered Apprentice No. .....,

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.