S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002.

State File No. 20377

Registrar's No. 2671

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 105 East Dartmoth Road
(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)
In this community: 5 Months

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Maude Golden

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Samuel H. Golden

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

7. Birth date of deceased: April (Month) 13 (Day) 1878 (Year)

8. AGE: Years 65 | Months 2 | Days 1 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ____

MOTHER FATHER

12. Name: Stanley W. Coon

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

14. Maiden name: Caroline Wilkerson

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

16. (a) Informant: Mrs. Frankie Coon Cloyd

(b) Address: 616 West Gregory

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Galt, Missouri

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address: Kansas City, Missouri

19. (a) 6-14-43 (Date received local registrar) (b) Dep. P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th. year 43 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb, 1943 to June 14, 1943 that I last saw he alive on June 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Colon.

Due to: Metastasis to liver + other

Due to: organs.

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

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): ____

(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? ____ (Specify type of place)

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

23. Signature: Paul F. Hunt (M. D. or other)

Address: 1032 Paseo Date signed: 6-14-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Claude Hunt
Proff. Bldg.

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. Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address. K.C. 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.