

No. 2
4-2.43
5-17-36
1 X3367

State File No.

SEP 7 1943

Registration District No. 743

Primary Registration District No. 4232

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town WILLOW SPRINGS
(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 Sixty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell ⁴⁶

(c) City or town Willow Springs ²
(If outside city or town limits, write "RURAL") ⁰

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

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

If yes, name country. d

3. (a) PRINT FULL NAME Delilah W. GOOCH

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife WM. P. GOOCH 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased Sept. 27 - 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

89 10 12 hr. min.

9. Birthplace Rural Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife & mother

11. Industry or business _____

12. Name Wm. Hall

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. Tom Hogan

(b) Address 1104 N. 2ND ST. ALBUQUERQUE, N.M.

17. (a) BURIAL (b) Date thereof 8/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. CITY CEMETERY

18. (a) Signature of funeral director J. Burns

(b) Address Willow Springs, Mo.

19. (a) Aug 15 43 (b) Janette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 43 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-1
1943 to 8-9- 1943

that I last saw her alive on 8-9- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to Chronic Myocarditis 15 yrs.

Due to General Arteriosclerosis 15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 93d

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 C. Callahan (M. D. or other) _____

Address Willow Springs, Mo. Date signed 8-13-43

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RECEIVED

District Health Officer No. 5,

District File Number 943514

Date Filed 9-3-43

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 J. C. Burns

Licensed Embalmer No. 3279

P. O. Address Willow Springs, 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.