7. S. No. 2
OM—9-4-41
5-17-
PI X29

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29174

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 1912

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Goldie Susan McGongal
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 Married
6. (b) Name of husband or wife Otis McGongal
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Oct. 15 1912 (Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Ripley Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Whelloby Rodgers
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Poynton
15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Otis McGongal
(b) Address Doniphan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director E. Jordan
(b) Address Doniphan Mo.
19. (a) 7-6-43 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1943 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from June 30 1943 to July 3 1943 that I last saw h. alive on July 3-43 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Malaria — 1 wks
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Clifford Jofrey (M. D. or other)
Address Doniphan Mo. Date signed 7/4/43.

674 (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 embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Dompham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

M O