

No. 2  
-1441  
5-1739  
22530

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34711

State File No.

NOV 8 1943 128  
Registration District No.

Primary Registration District No. 2000

Registrar's No. 848A

1. PLACE OF DEATH:

(a) County Green

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

(c) Name of hospital or institution:  
1020 St Louis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether)

In this community live  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green

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

(d) Street No. 1020 St Louis  
(If rural, give location)

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

3. (a) PRINT FULL NAME Carolyn Diana Goshorn

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13  
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-30  
1943 to 10-16- 1943

that I last saw her alive on 10-16- 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased: July 23 1943  
(Month) (Day) (Year)

Immediate cause of death: Pneumo pneumonia  
(P. alder)

Due to intestinal infection  
(diarrhea)

Duration 12 hrs

8. AGE: Years 0 Months 2 Days 20  
If less than one day hr. min.

Due to 119a

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.

9. Birthplace Springfield MO  
(City, town, or county) (State or foreign country)

10. Usual occupation baby

11. Industry or business baby

MOTHER FATHER

12. Name Mr Fred Goshorn

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

14. Maiden name Betty Hoke Mr Daniel

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

16. (a) Informant Mrs Mrs Fred Goshorn

(b) Address 1020 St Louis Street

17. (a) Burial (b) Date thereof Oct 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Booneville Ave

19. (a) 10-23-43 (b) D W Gaudin  
(Date received local registrar) (Registrar's signature)

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) (M. D. or other)

23. Signature W H Burke 10/23/43  
Address 331 St Louis St Date signed 10/23/43

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

**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 FRED C. THIEME

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.**