. S. No. 2
M—9-4-41
5-17-39
I X29484

23
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41971

FILED DEC 17 1943

Registration District No. 1

Primary Registration District No. 4124

Registrar's No. 81

1. PLACE OF DEATH
(a) County Clark Kahoka
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kan. (b) County Ellsworth 999
(c) City or town Wilson 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME George T. Goad

3. (b) If veteran, name war

3. (c) Social Security No. 495-05-4489

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married / divorced Married

6. (b) Name of husband or wife Emma Goad

6. (c) Age of ~~husband~~ or wife if alive 36 years

7. Birth date of deceased Feb. 10- 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	21	hr. min.

9. Birthplace Paradise Kan. /
(City, town, or county) (State or foreign country)

10. Usual occupation Well Driller

11. Industry or business

FATHER
12. Name J. J. Goad
13. Birthplace Covert Kan
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Pierce
15. Birthplace Covert Kan /
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis Vogel
(b) Address Wilson Kan.

17. (a) removal (b) Date thereof Nov. 2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wilson Kan

18. (a) Signature of funeral director Gutting & Und.
(b) Address Kahoka Mo.

19. (a) 11-2-43 (b) Perry A Horton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
year 43 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11- 1- 1943, to 11- 1- 1943
that I last saw him alive on 11-1-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

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 S H Chainning (M. D. or other) 2 DO.
Address Kahoka Mo. Date signed 11-2-43

1273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1995
Date Filed DEC 15 1943

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 Otis L. Gutting

Licensed Embalmer No. 2965

P. O. Address Lincoln Me.

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.