

Registration District No. **388**

Primary Registration District No. **5987**

1. PLACE OF DEATH:

(a) County **POLK**
(b) City or town **Rural - Madras**
(c) Name of hospital or institution: **XX**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX**
In this community **XXX**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Seigle Gothard**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XXX**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Arminde Gothard** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **July 28, 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **16** If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business **XX**

MOTHER FATHER

12. Name **George W. Gothard**

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

14. Maiden name **Barbara Hughes**

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

16. (a) Informant **Ralph H. Hathard**

(b) Address **Fairplay, Missouri**

17. (a) **Burial** (b) Date thereof **3-16-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shady Grove**

18. (a) Signature of funeral director **CHURCH AND NEALE**

(b) Address **STOCKTON, MISSOURI**

19. (a) **Mar 25** (b) **Borah Wallister**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Polk**
(c) City or town **Rural -**
(If outside city or town limits, write "RURAL")
(d) Street No. **XXX**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1944** hour **12** minute **40** P.M.

21. I hereby certify that I attended the deceased from **Feb 28, 1944**, to **Mar 10, 1944**;
that I last saw him alive on **Mar 10, 1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Due to **Lobar Pneumonia** **3 wks**

Due to

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature **D. P. F. Wilson** (M. D. or Other) **DO**
Address **Fair Play, Mo.** Date signed **3/21/44**

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Steverton

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.