

FILED FEB 13 1945

State File No. _____

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution 607 N. Green
(If not in hospital or institution, write street number or location)

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

In this community 57 years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 607 N. Green
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Minerva Gothard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 year 1945 hour _____ minute 30 PM.

21. I hereby certify that I attended the deceased from Jan. 1 1945 to Jan. 11 1945 that I last saw him alive on Jan. 11 1945 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 Married

6. (b) Name of husband or wife John Gothard

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased March 5, 1859
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia

Due to _____

Due to 108

Other conditions (include pregnancy within 3 months of death) _____

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

85 10 5 hr. _____ min.

9. Birthplace Hanover Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farmwife

MOTHER FATHER

12. Name Hampton Cheek

13. Birthplace DK Dk 9
(City, town, or county) (State or foreign country)

14. Maiden name DK

15. Birthplace Dk Dk 9
(City, town, or county) (State or foreign country)

16. (a) Informant J E Gothard

(b) Address Montreal Alberta Canada

17. (a) Burial (b) Date thereof 1/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Denis Furr Home

(b) Address Kirkville, Mo.

19. (a) 1-19-45 (b) Mrs. J. P. Wagoner
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature R. R. Ellis, M.D. (M. D. or other) _____

Address Kirkville, Mo. Date signed 1-18-45

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

DEC 31 1949

RECEIVED
District Health Officer No. 10
District File Number 2-45-236
Date Filed EEB 11 1945

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 Bowden Beaty
Licensed Embalmer No. 4379
P. O. Address Kissville, Ms.

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.