S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10110

Registration District No. 183 — Primary Registration District No. 4296 — Registrar's No. 7

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Milton Gooch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary C. Gooch

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 25 (Day) 1874 (Year)

8. AGE: Years 70 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Painter + decorator

11. Industry or business

FATHER
12. Name William T. Gooch
13. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Caroline A. Trumbo
15. Birthplace Bath Co. Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant J. T. Purdin

(b) Address Purdin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 19 (Day) 45 (Year)

(c) Place: burial or ~~cremation~~ Purdin Mo.

18. (a) Signature of funeral director Riggen + Son

(b) Address Milan Mo.

19. (a) Feb. 19-1945 (Date received local registrar) Mrs C C Woolf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17 year 1945 hour 11 minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Feb 8 1945 Feb. 8
Due to	
Due to 83A	
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 J. R. Martin (M. D. ~~or other~~)

Address Browning Mo. Date signed 5/26/45

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(Licensed Embalmer's Statement on Reverse Side)

Body not embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.