

FILED MAY 15 1945

Registration District No. **15305** Primary Registration District No. **3006**

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

1. PLACE OF DEATH:

(a) County **Boone**
 (b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
605 N. Third St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **84 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone 10**
 (c) City or town **Columbia 2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **605 N. Third St. 4**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **D**

3. (a) PRINT FULL NAME **MINNIE GOOSETREE**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8**
 year **1945** hour **11** minute **45** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **James E. Goosetree** 6. (c) Age of husband or wife if alive **29** years
 7. Birth date of deceased **6 - 29 - 1860**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr. 5** 19**45** to **Apr. 8** 19**45**
 that I last saw h. **er.** alive on **Apr. 7** 19**45**
 and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **9** Days **8** If less than one day hr. min.

Immediate cause of death **Coronary block probably few minutes**
 Duration **70**

9. Birthplace **Callaway County Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

Due to **Central Nervous system 7 yrs ago**
 Due to **7 yrs ago**

11. Industry or business
MOTHER FATHER {
 12. Name **Andrew Adair**
 13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
 14. Maiden name **Lusia Booker**
 15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

Other conditions **gibed**
(Include pregnancy within 3 months of death)

16. (a) Informant **Mrs. Calley Hancock**
 (b) Address **Fulton, Mo.**

Major findings: Of operations **None**
 Of autopsy **None**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

17. (a) **Burial** (b) Date thereof **4-9-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Columbia Cemetery**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **No**
 (b) Date of occurrence **No**
 (c) Where did injury occur? **No** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Barber Funeral Service**
 (b) Address **Columbia, Mo.**
 19. (a) **4-9-45** (b) **Edna H. Barber**
(Date received local registrar) (Registrar's signature)

23. Signature **W.P. ...** (M. D. or D. O.)
 Address **Columbia** Date signed **4/9/45**

1250

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-14-45

JAN 23 1957

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. 3893

P. O. Address Columbiana 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.