

No. 2
8-43
5-17-39
X37823

FILED MAY 11 1945

Registration District No. 158

Primary Registration District No. 3127

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 49 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Irene Golden

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alvin Golden 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Preston Sullivan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Sullivan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hus. Alvin Golden
(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 4/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri

19. (a) Apr. 20 1945 (b) Mrs. Julia Sage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 404 North Hall Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from April 5, 1945, to April 19, 1945;
that I last saw her alive on 4-19, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131/1
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 C. Freeman (M. D. or other)
Address Webb City, Mo Date signed 4/19/45

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

45-4-369

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. 2859

P. O. Address Hubb City, 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.