. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15433

FILED APR 16 1946

State File No.

Registration District No. 246 Primary Registration District No. 6164 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Stone

(b) City or town rural N. Grant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

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

(d) Street No. Marionville, R#1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Tilda Gold

3. (b) If veteran, name war none

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 Joe Gold

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July, 13, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	8	hr. min.

9. Birthplace Carol Co. Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Joseph Jones
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Smith
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Jones
(b) Address Marionville, Mo. R#1

17. (a) burial (b) Date thereof Jan. 22, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Jack cem

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo.

19. (a) Jan. 24, 1946 (b) Carrie Pearl Peatman
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st
year 1946 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from July 10 - 1945, 19 , to Jan 21 - 1946
that I last saw her alive on Jan 21 - '46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no autopsy

9 38

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 H. L. Kerr (M. D. ~~or other~~)
Address Crane Mo. Date signed 1-22-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 446-479
Date Filed APR 17 1946

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.