

No. 2
-5-43
-17-39
X336671

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

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town RURAL BUFFALO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEAR MT. ZION.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFETIME (Specify whether years, months or days)

3. (a) PRINT FULL NAME KATE AUGUSTA GOOCH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE GOOCH
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased AUGUST 12 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 15 hr. min.

9. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE
11. Industry or business HOUSEKEEPING

MOTHER FATHER
12. Name BLAN W HAFF
13. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET ANN SCOTT
15. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ERNEST BAXTER
(b) Address LOUISIANA MISSOURI
17. (a) BURIAL (b) Date thereof 4/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BUFFALO CEMETERY

18. (a) Signature of funeral director GARNER & STERNE
(b) Address LOUISIANA MISSOURI
19. (a) 4/29/46 (b) Margaret E. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PIKE
(c) City or town RURAL LOUISIANA
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR MT. ZION.
(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 27
year 1946 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from 19
April, 1946, to 26 April, 1946;
that I last saw her alive on 26 April, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 wk.
Fracture of Right Hip and old age 1 mo.
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
Of operations _____
Of autopsy no
PHYSICIAN _____

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? no
23. Signature Chas. H. Keith (M.D. or other)
Address Louisiana Mo. Date signed 4/29/46

RECEIVED

District Health Officer No. 10

District File Number 5-46-1024

Date Filed MAY 23 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.....

Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address.....

Louisiana 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town
(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 years, months or days)

3. (a) PRINT FULL NAME Kate Augusta Gooch

3. (b) If veteran, name war - - 3. (c) Social Security No. - -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Aug. 12 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 15 85 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 27
Year 1946 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him/her alive on
and that death occurred on the date and hour stated above.
immediate cause of death

Pneumo-pneumonia; fracture of right hip

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence about 1 April 1946
(c) Where did injury occur? Pike Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work? No (Specify type of place) (f) Means of injury fell on

23. Signature Phos. H. Powell (M. D. or other) Address Louisiana Mo Date signed 4/1/46

SUPPLEMENTARY

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

1655

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

