No. 2
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5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39292

Registration District No. 321 Primary Registration District No. 6084 Registrar's No. 15

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution: MARSHALL R. #1. Marshall Junction
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS 80

(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1005 W 3rd St. 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME WILLIAM JAS. GOLD

3. (b) If veteran, name war ✓

3. (c) Social Security No. 496-16-2989

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MAR. 1

6. (b) Name of husband or wife NETTIE Gold

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased OCT. (Month) 3 (Day) 1871 (Year)

8. AGE: Years 75 Months 1 Days 16 If less than one day hr. min.

9. Birthplace COOPER CO. (City, town, or county) MO (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business CAFE SUPPLIES

FATHER
12. Name W. J. GOLD 1
13. Birthplace (City, town, or county) PENN 1 (State or foreign country)

MOTHER
14. Maiden name MARTHA CURRY 1
15. Birthplace (City, town, or county) PENN 1 (State or foreign country)

16. (a) Informant Mrs J. L. Van Wagner
(b) Address Sedalia, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia, Mo.

19. (a) Nov. 21, 1946 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 19 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased ~~from~~ After Death, 19 at 12:35 P.M., 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 6 months

Due to taken from history from Daughter of deceased

Due to acting for the Coroner of Saline Co.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94A

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:

(c) 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 0

23. Signature John McNeish (M. D. or other) MD

Address Houstonia RED. 1 Date signed 11-20-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-2-46

DEC 4 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 Geo Dillard
Licensed Embalmer No. 3868
P. O. Address Sedalia

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.