

FILED APR 21 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 4298

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Linneus
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Linneus 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Edward Jenkins Gooch

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month April day 4th.
year 1947 hour 9:50 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Powell Gooch 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 16 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15 1945 to April 4 1947
that I last saw him alive on April 4 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73	0	18	hr. min.

Immediate cause of death Cerebral Hemorrhage - Apoplexy Duration 2 da
Due to General Arteriosclerosis 4 yr.

9. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

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

11. Industry or business _____
12. Name Gideon Gooch
13. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martina Morris
15. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
G. J. P.

16. (a) Informant Mrs. E. Gooch
(b) Address Linneus, Missouri
17. (a) Burial (b) Date thereof 4/7/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.

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? _____ (c) Means of injury _____

18. (a) Signature of funeral director Thorne Undt Co.
(b) Address Linneus, Missouri
19. (a) April 10 - 47 (b) Mrs. Ruby Kelley
(Date received local registrar) (Registrar's signature)

23. Signature Roy R. Halay (M. D. or other) W. C.
Address Brookfield, Mo. 4/5 Date signed _____

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

MOTHER, FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Wesley A. Jay Carl*

Licensed Embalmer No. *3761*

P. O. Address: *Laneus, 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.