

S. No. 2
M-5-43
5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17262

FILED JUN 11 1947

Registration District No. 121

Primary Registration District No. 5730

State File No. _____

Registrar's No. 24

1. PLACE OF DEATH: Holt

(a) County Mound City, Rural. Mo

(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 years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Holt

Missouri

(a) State (b) County 44

(c) City or town Mound City, Rural. 0

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Ada Florence Goldeman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th, year 1947 hour 12 minute 30 P.M.

4. Sex Female

5. Color white

6. (a) Single, widowed, divorced, or married

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

7. Birth date of deceased April 13th. 1870

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 24, 1947, to May 24, 1947, that I last saw her alive on May 24, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months I Days II If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Duration 4 hrs

9. Birthplace Watson Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation House work.

Other conditions (Include pregnancy within 3 months of death) 53 A

11. Industry or business _____

12. Name John Brown

13. Birthplace Ill.

14. Maiden name Lucinda Ellen Bushon

15. Birthplace Missouri

(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. L. Brown

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof May 26 1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Creek Semetry

18. (a) Signature of funeral director J. L. Brown

(b) Address Mound City, Mo.

19. (a) May 26-47 (b) J. Perry Registrar's signature 175

(Data received local registrar) (Registrar's signature)

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 J. L. Perry (M. D. or other M.D.)

Address Mound City, Mo. Date signed 5-26-47

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

14
0
0

**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..... 

Licensed Embalmer No. 1824

P. O. Address.....

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.