

FILED JUN 23 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 4221

Registrar's No. 28

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

1. PLACE OF DEATH: Holt
 (a) County Mound City Missouri
 (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 Henreitta Goldsberry
 FULL NAME
 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 _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased July 19th, 1870
 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 12 If less than one day
 hr. _____ min. _____

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

10. Usual occupation House Work.

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Cransfin
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Strida Nickols
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. F. Gaskell
 (b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 6. 3/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
New Liberty Cemetery.
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director M. H. Crawford
 (b) Address Mound City, Mo.

19. (a) June 2-47 (b) Jerry
 (Date received local registrar) (Registrar's signature) (Year)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
 year 1947. hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from april 25, 1947, to June 1, 1947
 that I last saw her alive on May 29, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon
 Duration _____

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 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:

(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 F. E. Hogan MD (M. D. or other)
 Address Mound City, Mo Date signed 6. 3. 47

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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address... *Mound City 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.