

JUN 23 1947

Registration District No. 737

Primary Registration District No. 5537 1587

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Rural ~~Milton~~ Twp.
(c) Name of hospital or institution Bigelow ~~UNRS~~ /
(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 Minnie Almina Goolsby.

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

4. Sex Female / 5. Write race white 6. (a) Single ~~married~~ divorced

6. (b) Name of husband or wife. Samuel W. Goolsby. 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Feb. 20 1873.
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days II If less than one day hr. min.

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

10. Usual occupation House Work.

11. Industry or business

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant J. D. Goolsby
(b) Address Bigelow Missouri

17. (a) Burial (b) Date thereof 6/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rulo Nebraska.

18. (a) Signature of funeral director W. H. Crawford

(b) Address 90 Pettijohn and Crawford.

19. (a) June 3, 1947 (b) (Date received local registrar) (Registrar's signature) J. D. Goolsby

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Bigelow Mo. (rural) Bigelow Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, t. year 1947 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from June 15, 1945 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 Cerebral hemorrhage
Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 434
Of autopsy

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 F. E. Hogan M.D. (M. D. or other) Address Normal City Date signed 6-2-47

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

MOTHER FATHER

14
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUL 1
1947

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. Campbell*
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.