S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34823

State File No.

FILED NOV 5 1947

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 155

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 404 North Hall 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Albie (Slim) Golden
3. (b) If veteran, name war no data
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NO DATA; (Month) (Day) 1889 (Year)

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace no data (City, town, or county) Missouri 6 (State or foreign country)
10. Usual occupation transfer & trucker
11. Industry or business Transfer Business
FATHER
12. Name no H. G. Golden
13. Birthplace no data 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name no data
15. Birthplace no data 9 (City, town, or county) (State or foreign country)
16. (a) Informant Marion Sullivan (Bro. in Law
(b) Address Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery
18. (a) Signature of funeral director Hedge-Lewis Funeral
(b) Address Webb City, Mo.
19. (a) OCT. 21; 47 (Date received local registrar) (b) P. E. Pritchett M.D. 127 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from May 5, 1947, to Oct 18, 1947
that I last saw him alive on Oct 18, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 D	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 51
While at work? (e) Means of injury

23. Signature C. F. Gregory (M. D. or other) DO
Address 624 W Bdy WEBB CITY, MO Date signed 10/21/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

47-10-803

Gregory

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 Leonard J. Lewis Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed T. A. Sledge

Licensed Embalmer No. 28259

P. O. Address Webb 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.