No. 2
2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42754
State File No.

Registration District No. 271 Primary Registration District No. 6052 Registrar's No. 36

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Johnson City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 12 mi S E of Appleton City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County St Clair 93
(c) City or town Johnson city
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Ellis Golden
3. (b) If veteran, name war None
3. (c) Social Security No None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louella King
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan (Month) 28 (Day) 1874 (Year)
8. AGE: Years 73 Months 9 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Charles Golden
13. Birthplace (City, town, or county) Ill (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Ross Ward
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 47 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Dec 28-47 (Date received local registrar) (b) Mrs. Alec Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1947 hour 10 minute 2 M.
21. I hereby certify that I attended the deceased from 22 June, 1947, to 6 Dec, 1947; that I last saw him alive on 6 Dec, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis — 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 C D Monroe M.D. (M. D. or other)
Address Appleton City Date signed Dec 24 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7,
District File Number 12-47-2007
Date Filed 1-3-48

JAN 12 1948

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~~ Dec 25 — 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 211 Primary Registration District No. 6052 Registrar's No. 36

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Johnson City
(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 (b) County

(c) City or town Johnson City, Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Frank. E. Golden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 28 (Day) 1877 (Year)

8. AGE: Years 73 Months 9 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 25 day year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

42754