No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15092

FILED MAY 7 1948

Registration District No. 3014

Primary Registration District No. 3072

Registrar's No. 89

7
1
2

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 472 South English
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 472 South English 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Marie Gooden
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Forrest Gooden
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased June (Month) 27th (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	1	hr. min.

9. Birthplace Pickering (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Frank Livasy
13. Birthplace Nodaway County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Reece
15. Birthplace Nodaway County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Forrest Gooden
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation Pickering, Mo.
18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall, Mo.
19. (a) 4-29-1948 (Date received local registrar) (b) Sidney T Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1948 hour 6 minute a M.
21. I hereby certify that I attended the deceased from I held inquest, April 28 1948, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Gun shot through head

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 144
Of autopsy No

Duration

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) Suicide 97
(b) Date of occurrence April 28, 1948
(c) Where did injury occur? Marshall (City or town) Saline (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 472 South English Her home (Specify type of place)
While at work? (e) Means of injury Gun shot
23. Signature C. L. Lawless Coroner Saline Co. (M. D. or other)
Address Marshall Mo. Date signed 4-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 5-6-48

MAY 2 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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.