

RECORDED NOV 12 1943 37  
Registration District No. 37

Primary Registration District No. 5520

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor Twp. - Rural  
(c) Name of hospital or institution:  
R # 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 3 weeks  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor - Rural  
(d) Street No. R # 4  
(e) Citizen of foreign country? 0  
If yes, name country .....

3. (a) PRINT FULL NAME Barbara Elaine Goucher

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

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive, years (Month) (Day) (Year) 9 1940

8. AGE: Years Months Days If less than one day  
3 4 20 ..... hr. min.

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

10. Usual occupation at home

11. Industry or business .....

MOTHER FATHER { 12. Name Ivan Goucher  
13. Birthplace Harrison County Missouri  
14. Maiden name Berniece Williams  
15. Birthplace Windsor Missouri

16. (a) Informant Ivan Goucher  
(b) Address Windsor, Missouri  
17. (a) Burial (b) Date thereof 10-2-43  
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner  
(b) Address Windsor, Missouri

19. (a) October 4, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1943 hour 10:30 a.m. minute M.  
21. I hereby certify that I attended the deceased from Sept 22 1943 to Sept 29 1943  
that I last saw him alive on Sept 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Duration

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 338

PHYSICIAN  
Major findings:  
Of operations .....  
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 Arnold (M. D. or other) M.D.  
Address Windsor Mo Date signed 10/1/43

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

RECEIVED

Division Office No. 71

Division File No. 10-43-1253

Date 11-10-43

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**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 *E. C. Hill*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**