

FILED NOV 10 1944
Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days

3. (a) PRINT FULL NAME

Betty Jo Goucher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced Single
5. 1 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 - 1928
(Month) (Day) (Year)

8. AGE: Years 16 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business School, local

12. Name Alfred Goucher
13. Birthplace Harrison Co mo
(City, town, or county) (State or foreign country)
14. Maiden name Grace Campbell
15. Birthplace Went Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alfred Goucher

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 10-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun com

18. (a) Signature of funeral director Conrad A. Peck

(b) Address Clinton mo

19. (a) October 26 1944 Georgia Vitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 321 north 7th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 44 hour _____ minute 10.00 A.M.

21. I hereby certify that I attended the deceased from _____, 1943 to Oct 22, 1944
that I last saw her alive on Oct 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
complicated by
Tuberculosis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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?
(Specify type of place) _____
While at work? _____ (e) Means of injury? _____

23. Signature Guadalupe (M.D. or other)
Address Clinton Mo Date signed Oct 24

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2
1
2

RECEIVED
Embalmer No. 7,
License No. 10-44-1280
Date Filed 11-8-44

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 *J. E. Cousland*
Licensed Embalmer No. *1891*
P. O. Address *Clinton 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.