

FILED MAR 26 1947

Registration District No. 187

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 78 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Gerrie Whitley Goodrich

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 6 1969  
(Month) (Day) (Year)

8. AGE: Years 78 Months - Days 5 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business.....

12. Name Charles Whitley

13. Birthplace Dunk Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lyla Slack

15. Birthplace Dunk Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paul Ames  
(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 3 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Calhoun Mo  
19. (a) 3-21-47 (b) R R Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from March 10, 1947 to March 11, 1947  
that I last saw her alive on March 10 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 week

Due to.....

Due to.....

Other conditions Chronic Myocarditis ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....  
935D

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?..... (c) Means of injury D

23. Signature Russ Ingle (M. D. or other)  
Address Windsor Mo Date signed 3-11-47

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

RECEIVED  
District Health Officer No. 7,  
District File Number 9-47-313  
Date Filed 3-25-47

**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 self  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. H. Houser  
Licensed Embalmer No. 3503  
P. O. Address Calhoun Ave

**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.**