DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10110

Registration District No. 53 Primary Registration District No. 5084 Registrar's No. 18

1. PLACE OF DEATH:
(a) County: BATES
(b) ~~City or town~~: RURAL - NEW HOME TWP
(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: 34 yrs.
(years, months or days)

3. (a) PRINT FULL NAME: HARLEY H. GOU

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MARY GOU

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: NOV - 30 1904 (Month) (Day) (Year)

8. AGE: Years 35 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace: BATES CO (City, town, or county) MO - 0 (State or foreign country)

10. Usual occupation: FARMER -

11. Industry or business:

MOTHER FATHER
12. Name: ELI GOU
13. Birthplace: MO - (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: SUSIE ALLEN
15. Birthplace: MO - (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature: Mary A Gou
(b) Address: FOSTER MO -

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: MAR-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation: OAKHILL

18. (a) Signature of funeral director: BOOTH FUNERAL HOME
(b) Address: BUTLER MO

19. (a) Mar. 22, 1940 (Date received local registrar) (b) Claude J. Allen M.D. (Registrar's signature) R.S.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: BATES
(c) City or town: RURAL -
(If outside city or town limits, write "RURAL")
(d) Street No.: R7 D - FOSTER MO -
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 20 year 1940 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1939, to Mar 20, 1940; that I last saw h.e alive on Mar. 12, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary	
Due to: Tuberculosis	
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: Ralph H. Smith (M. D. or other) MD
Address: Rich Hill, Mo Date signed 3/21/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 7,
District File Number 4-46-685
Date Filed 4-9-40

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 myself, Registered Apprentice No.....,
working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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, above space should be left blank.