

Registration District No. **238**

Primary Registration District No. **5328**

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade  
 (b) City or town Golden City, Mo.  
 (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 \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Nellie L. Goinier

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAWRENCE GOINIER 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JUNE 25 1875  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name JAMES T. DAVIDSON

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

14. Maiden name L. O'NEAL

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

16. (a) Informant's own signature Laurine Coiera

(b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof Dec 29-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BELHEL

18. (a) Signature of funeral director Edward

(b) Address Greenfield Mo 15

19. (a) 1-13-39 (b) J. A. Whelan  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dade  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
 year 1939 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov 11 - 1939, to Dec 29 1939,  
 that I last saw her alive on Dec 27 - 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration Jan 2-39  
Pneumonia following

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Hob Rheumatism  
 (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) no

(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 J. A. Whelan (M. D. or other) \_\_\_\_\_

Address Golden City Mo Date signed 12-28-39

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.

**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.....

*J. W. Ward*

Registered Apprentice No. *2832*

working under my personal supervision.

Signed.....

*J. W. Ward*

Licensed Embalmer No. *2832*

P. O. Address. *Greenfield 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 licensc.)**

**If this body is not embalmed, above space should be left blank.**