

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.

JAN 25 1945
Registration District No. 272

Primary Registration District No. 4218

State File No. _____

Registrar's No. 1058

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Mound City
 (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 65 yr
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Mound City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 mi. N.W. Mound City
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Charlie A Goldsberry
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 29th
 year 1940 hour 1:05 ^{past} minute 49 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henerella Goldsberry
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Jan. 29th
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 4
1940, to Dec 29, 1940
 that I last saw him alive on Dec 28, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days _____
 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion
 Duration _____

9. Birthplace Holt Co. Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Joseph Goldsberry
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Eva Burge
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Henerella Goldsberry
 (b) Address Mound City Mo.
 17. (a) Burial (b) Date thereof 12/30/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Liberty Cemetery
 18. (a) Signature of funeral director J. C. ...
 (b) Address Mound City Mo.
 19. (a) Dec 30/40 (b) _____
 (Date received local registrar) (Registrar's signature)

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?
333 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature F. E. Hagan (M. D. or other) 140
 Address Mound City Date signed 12-30-

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.....

M. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mount Airy, N.C.*

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.