

53
JAN 17 1940

Registration District No. **49**

Primary Registration District No. **467**

Registrar's No. _____

1. PLACE OF DEATH: **Lacleade**

(a) County: **Lacleade**

(b) City or town: **Rural Washington 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 _____
years, months or days **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Lacleade**

(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.

3. (a) PRINT FULL NAME: **Hulda Evelyn Goans**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30**
year **1940** hour **4** minute **a** M.

4. Sex: **F**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **M**

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: **April 30 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 1** 19**40** to **11-30** 19**40** that I last saw h _____ alive on **about 11-12** 19**40** and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **7** Days **0** If less than one day **1** hr. _____ min.

Immediate cause of death: **Cancer of stomach**

Due to _____

Due to **hip**

9. Birthplace: _____ (City, town, or county) **MO** (State or foreign country)

Other conditions: _____
(Indicate pregnancy within 3 months of death)

10. Usual occupation: **MO** **POLICE**

Major findings: _____
I hereby certify that the body whose name appears on this certificate was personally examined by me and that the cause of death is as stated above.

Of autopsy: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: **Wm Rogers**

13. Birthplace: **Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary Jones**

15. Birthplace: **Lebanon Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Jean Tabar**

(b) Address: **Lebanon Mo**

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? _____

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof: **12/1/40**
(Month) (Day) (Year)

(c) Place: burial or cremation: **White Oak Road**

18. (a) Signature of funeral director: **W.F. Halman**

(b) Address: **Lebanon Mo**

23. Signature: **J.A. McCoub**
While at work? **2:30 to 5:00** (Specify type of place)
The above constitutes a true and correct copy of the original as filed in the office of the Registrar.

Address: _____ Date signed: _____

19. (a) **12-11-40** (Date received local registrar)

(b) **J.A. McCoub** (Registrar's signature)

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

I X23159

RECEIVED

District Health Officer No. 7,

District File Number 1-41-140

Date Filed 1-14-41

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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.

Signed W. E. Halman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.