

FILED SEP 5 1941
Registration District No. 228

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH: Grundy
 (a) County Grundy
 (b) City or town Trenton MO 1917 Rd
 (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 all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) County Grundy
 (b) City or town Trenton MO
 (c) Street No. 1917 Princeton Rd
 (d) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Goldie Ralston

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 24 year 1941 hour 9 minute 50 P. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Chickhead, 19____, to June 24, 1941; that I last saw her alive on June 24, 1941; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced
 6. (b) Name of husband or wife Earl Ralston 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Aug 31 1941 (Month) (Day) (Year)

Immediate cause of death 7 lungs Duration Moments

8. AGE: Years 43 Months 9 Days 25 If less than one day _____ hr. _____ min.

Due to Tuberculous infection which began in Chickhead

9. Birthplace Princeton MO (City, town, or county) (State or foreign country)

Due to _____ Other conditions (Include pregnancy within 3 months of death) 1710

10. Usual occupation Home wife

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph N. Duncan

13. Birthplace Dark River MO (City, town, or county) (State or foreign country)

14. Maiden name Paula Cox

15. Birthplace Dark River MO (City, town, or county) (State or foreign country)

16. (a) Informant Earl Ralston

(b) Address 1917 Princeton Trenton MO

17. (a) Burial (b) Date thereof June 29-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Chas D. Gisson
 (b) Address Trenton 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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Gertha E. Mack (M. D. or other) _____
 Address Trenton MO Date signed June 28-41

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

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.....

Licensed Embalmer No. *3109*

P. O. Address *Newton, MA*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.