

No. 2
13-40
17-39
X23159

State File No. _____

FILED DEC 27 1941

Registration District No. 173

Primary Registration District No. 5243

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Rural Salisbury twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community all
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
(c) City or town Rural Salisbury twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Dudley Ann Gooch

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 Sterling Gooch 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug. 22--1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo. 0

10. Usual occupation Housewife

11. Industry or business G. J. Robertson

12. Name A. J. Robertson

13. Birthplace _____ (City, town, or county) (State or foreign country) Mo. 0

14. Maiden name Caroline Davis

15. Birthplace _____ (City, town, or county) (State or foreign country) Mo. 0

16. (a) Informant Sterling Gooch
(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof Nov. 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke

18. (a) Signature of funeral director Geo. B. Winkelmeyer
(b) Address Salisbury, Mo.

19. (a) 12/2/41 (b) R. A. Gehrig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1941 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Aug 9
1, 1941, to Nov 25, 1941;
that I last saw her alive on Nov 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver.

Due to _____
Due to Probable Primary Gall bladder disease.

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

Major findings: _____
Of operations if 6 f.
Of autopsy _____

Duration

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? _____

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

23. Signature W. H. ... (M. D. or other) 11/25/41
Address Salisbury Mo. Date signed 11/25/41

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-9-41 -----

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.....

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

Signed *J. K. Kirshner*
Licensed Embalmer No. 3181
P. O. Address *Shiloh, 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.