

JAN 14 1942

Registration District No. 656

Primary Registration District No. 6288

Registrar's No. _____

1. PLACE OF DEATH: Perriscat
 (a) County _____
 (b) City or town Herrmandale (Holland town)
 (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

3. (a) PRINT FULL NAME A. C. Golden
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years about 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation farm labourer

11. Industry or business _____

12. Name Armen 9

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

14. Maiden name _____

15. Birthplace Indianna (City, town, or county) _____ (State or foreign country) 9

16. (a) Informant Lennie Jackson

(b) Address Herrmandale

17. (a) Burial (b) Date thereof 12-10-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perriscat Cemetery

18. (a) Signature of funeral director Herman Undt Co.

(b) Address St. Louis, Mo.

19. (a) 12-29-41 (b) Tom Bregore
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perriscat 78
 (c) City or town Herrmandale (Rural) 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
 year 1941 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1941
 _____, 19____ to Dec 7, 1941
 that I last saw him alive on Dec 7, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death mening
2

Due to 1350
 Due to _____

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

Major findings:
 Of operations none
 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) none
 (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? no

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature T. E. Roberts (M. D. or other) _____
 Address Responsible Oak Date signed 12-10-41

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

78
0
D

1-42-19

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 ^{not}.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

William C. Shelton

Licensed Embalmer No.

3929

P. O. Address

Stale, 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.