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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32739

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3866

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether

In this community 16 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84

(a) State Missouri (b) County Ray 0

(c) City or town Rural - near Orrick 0 (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country mo 1

3. (a) PRINT FULL NAME Elizabeth Jane Gooch

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Gooch

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

7. Birth date of deceased 12 (Month) 13 (Day) 1864 (Year)

8. AGE: Years 77 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Ray (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Allen
13. Birthplace Ray (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Tucker
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. A. Forrest Gooch

(b) Address Orrick Mo

17. (a) Removal Burial (Burial, cremation, or removal) (b) Date thereof 10-21-42 (Month) (Day) (Year)

(c) Place: burial or cremation South Point Court

18. (a) Signature of funeral director C. V. Gibson

(b) Address Orrick, Mo

19. (a) 10-21-42 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1942 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 4, 1942 to Oct 20, 1942 that I last saw her alive on Oct 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial exhaustion chronic

Due to Pneumonia - convalescence 4 weeks

Due to Urethral meatal Stenosis 33 B3

Other conditions surgical correction (Include pregnancy within 3 months of death)

Major findings: Of operation Urethral Meatal Stenosis

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? (Specify type of place)

While at work? (e) Means of injury ( )

23. Signature [signature] (M. D. or other)

Address 1019 Prof Bldg Date signed 10/20/42

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick 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.