

FILED SEP 9 1943 36

Registration District No. **36**

Primary Registration District No. **5819**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **MORGAN**
(b) City or town **"RURAL" OSAGE 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 **40 YRS.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SUSAN C. GOOLEY.**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **OCT. 20, 1855.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87, 10, 3. hr. min.

9. Birthplace **PITMAN CO. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE.**

11. Industry or business **HOME**

MOTHER FATHER

12. Name **RICHARD SHIPLEY**

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

14. Maiden name **MARY ANN GIBBS.**

15. Birthplace **INDIANA.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edward Marshall**

(b) Address **Versailles, Mo.**

17. (a) **BURIAL.** (b) Date thereof **8/26/43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RITCHIE CEMT.**

18. (a) Signature of funeral director **H. T. Marshall**
(b) Address **Versailles Mo.**

19. (a) **8-24-1943** (b) **Roy Borchstrewer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **MORGAN**
(c) City or town **"RURAL" OSAGE**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 MI. SOUTH OF VERSAILLES**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **23,** year **1943** hour **10** minute **P. M.**

21. I hereby certify that I attended the deceased from **Feb 15** 19**39** to **Aug 23** 19**43** that I last saw him alive on **Aug 21** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**
Senility Chronic
Due to **bronchial asthma**

Duration **2da**

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

Major findings: Of operations **9502**

Of autopsy
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) Means of injury

23. Signature **J. L. Washburn** (M. D. or other) **MD**
Address **Versailles Mo** Date signed **8/24/43**

1029

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

71
0
0

RECEIVED

District Health Officer No. 7,

District File Number 8-43-902

Date Filed 9-7-43

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

H. J. Kennell

Licensed Embalmer No. 1596

P. O. Address Wesleyville, 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.