

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED AUG 14 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 806 E. Highland 3  
(If rural, give location)

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

If yes, name country - - - 0

3. (a) PRINT FULL NAME Mary Rice Golding

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 Married

6. (b) Name of husband or wife Wm. Henry Golding 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 12 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Fred S. Rice

13. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Hoover

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

16. (a) Informant Mrs. R. R. Powers

(b) Address 806 E. Highland, Carthage

17. (a) Removal (b) Date thereof July 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) July 12 '44 (b) Elizabeth Coplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1944 hour 6 minute am

21. I hereby certify that I attended the deceased from May 1943 to July 12 1944  
that I last saw her alive on July 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days

Due to Hypertension ? yrs.

Due to Arteriosclerosis ? yrs.

Other conditions Myocarditis ? yrs.  
(Include pregnancy within 5 months of death)

Major findings: Of operations 92d  
Of autopsy \_\_\_\_\_

Duration

3 days

? yrs.

? yrs.

? yrs.

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) (r) Means of injury \_\_\_\_\_

23. Signature B. Baubik (M. D. or other) M.D.

Address Carthage, Mo. Date signed 7-12-44

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

49  
3

MOTHER FATHER

1253

44-7-615

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**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 Emmal Street

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**