

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 12663  
 Registrar's No. 30

FILED APR 23 1945

Registration District No. \_\_\_\_\_ Primary Registration District No. 5012

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

1. PLACE OF DEATH:  
 (a) County Andrew  
 (b) City or town Union Star Mo. R.R.  
 (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 All of life. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Andrew  
 (c) City or town Union Star Mo R.R.  
 (d) Street No. Empire Imp.  
 (e) Citizen of foreign country? No. (If yes, name country \_\_\_\_\_)

3. (a) PRINT FULL NAME: ary Belle Goforth.  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No.

4. Sex Female. 5. Color or race Cau.  
 6. (a) Single, widowed, married, divorced Married.  
 6. (b) Name of husband or wife G.E.Goforth.  
 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Sept. 14, 1866.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>1</u>	hr. _____ min.

9. Birthplace Andrew Co. Mo.  
 10. Usual occupation House wife.

11. Industry or business \_\_\_\_\_  
 12. Name Ralph Stenson.  
 13. Birthplace Iowa.  
 14. Maiden name RueAnn Tomlinson.  
 15. Birthplace Ohio.

16. (a) Informant G.E.Goforth.  
 (b) Address Union Star Mo. R.R.  
 17. (a) Burial (b) Date thereof 3.18.1945  
 (c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director R. Haggard  
 (b) Address King City Mo.  
 19. (a) 3-18-1945 (b) J. H. Fitchman  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 15.  
 year 1945 hour 4 P.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from September 15, 1945 to March 14, 1945  
 that I last saw her alive on March 14, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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? \_\_\_\_\_

23. Signature William E. Ralston (M. D. or other) Dr.  
 Address Union Star, Mo. Date signed 3/17/45

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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.....

*R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address..... King City 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.**