

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca, Mo
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Billy Gene
William Eugene Golden

3. (b) If veteran, name war: -
3. (c) Social Security No. 498-28-6479

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: April 23 1929
(Month) (Day) (Year)

8. AGE: Years 18 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Seneca Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business _____

12. Name Ethmer Golden

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

14. Maiden name Stella W Daisy Woodward

15. Birthplace Seneca Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ethmer Golden

(b) Address Seneca, Rte 1

17. (a) Burial (b) Date thereof Feb 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swans Point Cemetery

18. (a) Signature of funeral director W. E. Biddleme

(b) Address Seneca Mo

19. (a) 2-8-1947 (b) Mrs. Nettie Norris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Seneca Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6 mi. S.E. of Seneca
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1947 hour 10:52 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ to _____

that I last saw him alive on Feb 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Skull Fractured, Multiple Fracture of arms & legs
Due to internal injuries

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 73

(b) Date of occurrence February 1 1947

(c) Where did injury occur? Street Newton Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Grade Crossing Accident (Specify type of place) Auto struck by train

While at work? no (e) Means of injury Auto struck by train

23. Signature Orley Thompson (M. D. or other) 3

Address Seneca Mo Date signed 2/3/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. Newton
District File Number 247-27
Date Filed 2-11-47

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Sever MS

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.