

FILED JUL 27 1947

Registration District No. **144**

Primary Registration District No. **5562**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Iron**  
(b) City or town **Rural, Arcadia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1 mile east of Pilot Knob**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron** **47**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1 mile east of Pilot Knob**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Goldie Cozette Shuck**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

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

7. Birth date of deceased **August 18 1909**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **9** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

12. Name **Andrew Cain**

13. Birthplace **Iron Mountain Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine McCarron**

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

16. (a) Informant **Mrs. Catherine Cain**

(b) Address **Ironton Missouri**

17. (a) **burial** (b) Date thereof **6-18-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Irondale Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **A. J. White Ironton Missouri**

19. (a) **6-30-47** (b) **Miss Ann Young**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**  
year **1947** hour **4** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **8-10-45** 19. to **6-16-47** 19. ;  
that I last saw her alive on **6-14-47** 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 days**

Due to **C.N.S. Les** ?

Due to \_\_\_\_\_  
Other conditions **30C**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? **0**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **R. E. Harland** (M.D. or other) **M.D.**  
Address **Ironton, Mo.** Date signed **6-21-47**

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

7  
0  
0

RECEIVED

Health Officer No. 4

File Number 747-891

7-5-47

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 Russell White  
Licensed Embalmer No. 3412  
P. O. Address Imitor, 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.