

1. PLACE OF DEATH:

(a) County: Clay Liberty

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

(c) Name of hospital or institution: His Home
(If not in hospital or institution, write street number or location)

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

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Liberty
(If outside city or town limits, write "RURAL")

(d) Street No.: 456 N. Walnut St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: GEORGE W. GOFF

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 25 year: 1944 hour: 10 minute: 25 P.M.

21. I hereby certify that I attended the deceased from Aug 22, 1944 to Aug 25, 1944
that I last saw him alive on Aug 25, 1944
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color: Dark 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Bessie Boy 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Aug 9, 1886
(Month) (Day) (Year)

Immediate cause of death: Apoplexy

Due to: General Arteriosclerosis

Due to: _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

8. AGE: Years: 88 Months: 0 Days: 16 If less than one day: _____ hr. _____ min.

9. Birthplace: Clare Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation: Farm Laborer

Duration: 2 1/2 da

10 years

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Thos. H. Goff

13. Birthplace: Ky
(City, town, or county) (State or foreign country)

14. Maiden name: Patricia

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

16. (a) Informant: Bessie Boy

(b) Address: 456 N. Walnut, Lib. Mo.

17. (a) Burial (b) Date thereof: Aug. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Funerary Home

18. (a) Signature of funeral director: Clayton - Archer

(b) Address: Liberty, Mo.

19. (a) Aug 26, 1944 (b) Helen Early
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury: _____

23. Signature: Rustan Malby (M. D. or other) MD

Address: Liberty Mo Date signed: 8-26-44

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

24
2
1

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-12-44

GEORGE W. GOTT

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: Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.