

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11823

State File No. _____

Registration District No. 244

Primary Registration District No. 3035

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Katie B. McGoan

3. (b) If veteran, name war
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased June 21 - 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Benton Co Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home keeper

11. Industry or business _____

12. Name E. E. Bradley
13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name M. A. Hewitt
15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis F. Curtis
(b) Address Richmond MO

17. (a) Burial (b) Date thereof Apr. 8 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director G. B. Tozther
(b) Address Richmond MO

19. (a) April 10 - 1941 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1941 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from February 3, 1941, to Apr 7, 1941;
that I last saw her alive on Apr. 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular 6 mo
stroke Duration
Due to _____
Due to 174th

Other conditions Chronic Myocarditis
(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? 9/65

(Specify type of place) _____
While at work? _____ (e) Means of injury stroke
23. Signature Dr. E. G. Kevan
Address Richmond, Mo Date signed Apr 8 - 41

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

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RECEIVED
District Health Officer No. 8,
District File Number 7-15-41
Date Filed

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.....
.....
working under my personal supervision.

J. J. Brothers

Registered Apprentice No.

Brothers Funeral Home

Signed.....

J. J. Brothers

Licensed Embalmer No. 2001

P. O. Address *Richmond*

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.