

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3664

Registration District No. _____

Primary Registration District No. 6128

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stannard

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stannard ¹⁰¹

(c) City or town Emmence, MO ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Stanley Golcott

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 1 15 47
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hr. 15 min. _____

9. Birthplace Emmence Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Floyd R Golcott 0

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

14. Maiden name Marie Marie Jones

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address Emmence, MO

17. (a) 1-15-47 (b) Date thereof 1 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missell, Emmence, Mo

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 1-20-47 (b) Missel Reelin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 47
year _____ hour 1 PM minute 15 M.

21. I hereby certify that I attended the deceased from at Birth
1-15- 1947 to _____, 1947;

that I last saw him alive on 1-15- 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to _____

Due to _____

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

Major findings: Of operations 1 5 7

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.T. Emery, M.D. (M. D. or other) 0

Address Emmence, MO Date signed 1-15-47

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.