

No. 2  
1-5-43  
5-17-39  
X36671

FILED FEB 23 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 6131

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Rural, Teresita, 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 No (Specify whether)  
In this community 42 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise B. Gould

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 23rd 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name K.L. Wright

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

14. Maiden name Elizabeth Pease

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

16. (a) Informant Mrs Stanly Provow

(b) Address Teresita Mo.

17. (a) Rural (b) Date thereof Jan, 7th 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montier Mo

18. (a) Signature of funeral director John F. [Signature]

(b) Address Mountain view Mo

19. (a) 2/14/47 (b) Mabel [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th  
year 1947 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 3  
1947 to Jan 5 1947  
that I last saw h. alive on Jan 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

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

23. Signature R. L. Davis (M. D. or other) \_\_\_\_\_

Address Buck Tree Mo Date signed 2/9-47

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

MOTHER FATHER

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**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.....

*John J. [Signature]*

Licensed Embalmer No. *2516*

P. O. Address *Blue View 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.**