

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 18 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10871  
Registrar's No. \_\_\_\_\_

Registration District No. 286 Primary Registration District No. 5-1691

**1. PLACE OF DEATH:**  
(a) County Dunklin  
(b) City or town Holcomb  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Wm. H. Goodwin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Deana Goodwin  
6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 10 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Wm {  
13. Birthplace Ill { (City, town, or county) (State or foreign country)

14. Maiden name Wm {  
15. Birthplace Ill { (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Goodwin

(b) Address Holcomb Mo

17. (a) Burial (b) Date thereof Feb 25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Seamless P. Son

(b) Address Seamless

19. (a) 4-10-1940 (b) J. Anderson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Dunklin  
(c) City or town Holcomb  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24  
year 1940 hour 7 minute 50 am.

21. I hereby certify that I attended the deceased from Feb 14  
1940, to Feb 23 1940;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 27/40

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? \_\_\_\_\_

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

23. Signature W. H. Karns (M. D. or other) \_\_\_\_\_  
Address Holcomb Mo Date signed 2/24/40

RECEIVED

District Health Officer No. 2

District File Number

440-964

Date Filed

4/17/40

---

---

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, above space should be left blank.**