DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15277

MAY 13 1940

Registration District No. 444 Primary Registration District No. 4262 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Knox City Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 2

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox

(c) City or town Knox City Mo (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME James Harrison 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 Ida May Goodwin

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb (Month) 26 (Day) 1865 (Year)

8. AGE: Years 75 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Knox Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Phorris Goodwin
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Nancie Fry
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Mrs. Elma Jones

(b) Address Bonneville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ La Belle Mo.

18. (a) Signature of funeral director Sugar & Walter

(b) Address Knox City Mo.

19. (a) April 12 1940 (Date received local registrar) (b) Mrs C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 29 day 29 year 1940 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1-1939, 19, to March 27, 1940 that I last saw him alive on Mar 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs

Due to

Due to 23

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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? 305 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. R. Northcutt (M. D. or other)

Address Knox City Mo Date signed Apr 3 1940

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 5-40-959
Date Filed MAY 8 1940

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 James Harman Goodwin, Registered Apprentice No. ....., working under my personal supervision.

Signed Fred Webster

Licensed Embalmer No. 684

P. O. Address Knox City 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, above space should be left blank.