

Registration District No. **609**

Primary Registration District No. **5808**

Registrar's No. **75**

1. PLACE OF DEATH:

- (a) County **NEWTON MO.**
(b) City or town **NEOSHO RURAL NEOSHO**
(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)

- (d) Length of stay: In hospital or institution **2** (Specify whether

In this community **70 years** years, months or days) (Specify whether

3. (a) PRINT FULL NAME **BIRD McCLELLAN GOODWIN**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **none**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **November 8 1870**
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Jasper County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

- MOTHER FATHER { 12. Name **ARNO GOODWIN**
18. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)
14. Maiden name **MATY LYDLE**
15. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joe Henderson**

(b) Address **Neosho Missouri**

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

(c) Place: burial or cremation **SPRING VALLEY CEM.**

18. (a) Signature of funeral director **J. B. Shaw**

(b) Address **Neosho Missouri**

19. (a) **6-10-40** (b) **Orval R. Salemi**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**

(c) City or town **Neosho RURAL**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1940** hour **1** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Nov 17 1939** to **May 29 1940**
that I last saw him alive on **Nov 18 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus**

Due to _____

Due to **5A**

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? **543**

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

23. Signature **H. W. Willever** (M. D. or other) _____

Address **Jeppier Mo** Date signed **6-7-40**

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.

RECEIVED

District Health Officer, No. 6,

District File Number 640-1429

Date Filed JUN 12 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.....

Donald Reed

Registered Apprentice No. 702

working under my personal supervision.

Signed

J. Bigham

Licensed Embalmer No. 2689

P. O. Address Neosho 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.