

No. 2  
13-40  
17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JUL 12 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

21559

State File No. \_\_\_\_\_

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Cole 3

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

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

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULLNAME WILLIAM L. GOODWIN 357

3. (b) If veteran, name war \_\_\_\_\_ 3. (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 alive \_\_\_\_\_ years

7. Birth date of deceased April 12 1891  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>49</u>	<u>2</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business 9

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Self

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 6-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director Dawson Tanner

(b) Address \_\_\_\_\_  
(c) Date received local registrar 6/28/46 (d) Not reported  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City  
(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 June day 27  
year 1940 hour 4. minute 10 P.M.

21. I hereby certify that I attended the deceased from June 26, 1940  
to June 27, 1940;  
that I last saw him alive on June 27, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

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

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

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

Major findings:  
Of operations \_\_\_\_\_

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 Marshall W. Kelly (M.D. or other) Marshall W. Kelly, M.D.  
Address Jefferson City, Missouri Date signed \_\_\_\_\_

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

**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.....

*D. M. Davis*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*D. M. Davis*

Licensed Embalmer No.

*3741*

P. O. Address.....

*Jefferson city*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**