

2
0-39
39
21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31876**
Registrar's No. **17**

Registration District No. **251** Primary Registration District No. **5350**

1. PLACE OF DEATH:
(a) County **Daviess**
(b) City or town **"Rural" Grand River Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 Miles S.E. Jameson, Mo.
(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 **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Daviess**
(c) City or town **"Rural" Grand River, Twp.**
(If outside city or town limits write "RURAL")
(d) Street No. **2 1/2 Miles S.E. Jameson, Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Clyde Junior Goodvin**

3. (b) If veteran, name war **None** 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 **March 30 1928**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 5 14 hr. min.

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

10. Usual occupation **Student**

11. Industry or business **Jameson Public School**

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Leta Goodvin**
15. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. Goodvin**

(b) Address **Jameson, Missouri**

17. (a) **Burial** (b) Date thereof **9-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Grand River Cemetery**

18. (a) Signature of funeral director **Hope Turner & W. L. Co.**
(b) Address **Gallatin, Missouri**

19. (a) **Sept. 16, 1940** (b) **Ava H. H. 51**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **14**
year **1940** about hour **2** minute **30 P. M.**

21. I hereby certify that I attended the deceased from
---, 19---, to ---, 19---;
that I last saw h. --- alive on ---, 19---;
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by hanging**

Due to ---
Due to ---

Other conditions (Include pregnancy within 3 months of death)
165

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) **Suicide**

(b) Date of occurrence **Sept. 14, 1940**

(c) Where did injury occur? **Daviess Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farms in Game Buildings
While at work no. (Specify type of place) (e) Means of injury **Hanging**

23. Signature **Frank Hedges** (M. D. or other) **51**
Address **Pattonburg, Mo.** Date signed **9-16-40**

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

L. A. Richesson

Licensed Embalmer No.

3302

P. O. Address

Hallatin, 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.