

2
13-40
7-39
X23159

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 87

1. PLACE OF DEATH: Calloway
 (a) County Calloway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital no 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo 12 days
 In this community 1 mo 13 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur John Goodwin
 (b) If veteran, name war no
 (c) Social Security No. no

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced/married
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April - 29 - 1879
 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 21
 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
 12. Name Daniel Goodwin
 13. Birthplace Mo O
 (City, town, or county) (State or foreign country)
 14. Maiden name Drueking
 15. Birthplace Mo O
 (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Goodwin
 (b) Address Knox City Mo

17. (a) Removal (b) Date thereof Mar 22, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox City, Mo

18. (a) Signature of funeral director Elen J. Wainman

(b) Address 200 Court St Fulton, MO

19. (a) Mar 20, 1941 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State Mo (b) County Knox
 (c) City or town Knox City rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location) Rural
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
 year 1941 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 1, 1941, to March 20, 1941;
 that I last saw her alive on March 20, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Chronic myocarditis

Due to A3H

Other conditions (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? _____

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

23. Signature Fornet Thomas (M. D. or other) D
 Address State Hosp no Date signed 3/20-41

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

Glen Y. Mangin

Licensed Embalmer No.

2725

P. O. Address

Fulton, 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, fact should be so stated above.