

DEPARTMENT OF COMMERCE **FILED MAY 23 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

15045

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

Registration District No. 477

Primary Registration District No. 210

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Carnton Rural

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
(Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox Co 52

(c) City or town Knox City Mo 0  
(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.? Life 1 years.

3. (a) PRINT FULL NAME SARAH ANN Goodwin

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month April day 19  
year 1941 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from March 9, 1941, to April 13, 1941;  
that I last saw her alive on April 12, 1941;  
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Mar 23 1868  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 12 da.

8. AGE: Years 78 Months 00 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Essential hypertension secondary

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

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) § 12 W

11. Industry or business Farming

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

12. Name Thomas Cary

Of autopsy \_\_\_\_\_

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

14. Maiden name Unknown

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

16. (a) Informant Mr Howard Jenkins Saw

17. (a) Rural (b) Date thereof 3 15 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director H. S. Holly

(b) Address Carnton Mo

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? at

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury 2

23. Signature D. Earl Porter (M.D. or other) Dr

Address Carnton mo Date signed 4-14-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 40

District File Number 5-41-965

Date Filed MAY 20 1941

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

*W. S. Kelly*

Registered Apprentice No.

working under my personal supervision.

Signed

*W. S. Kelly*

Licensed Embalmer No.

*1955*

P. O. Address

*Canton 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.