

FILED MAR 11 1942

Registration District No. _____

Primary Registration District No. 4060

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

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Kingston, Tenn
(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 _____ (Specify whether)
In this community 6 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Kingston
(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.? Born in U.S.A. years.

3. (a) PRINT FULL NAME

Logan Lee Goe.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Eva Lee Goe

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

7. Birth date of deceased July 22-1887:21
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 6 hr. min.

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

10. Usual occupation Ex Sheriff.

11. Industry or business _____

MOTHER FATHER { 12. Name Jobe Goe

13. Birthplace Knoxville, Ray Co, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Wilson
(City, town, or county) (State or foreign country)

15. Birthplace Knoxville, Ray Co, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Lee Goe

(b) Address Kingston Mo

17. (a) Burial (b) Date thereof 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill, Cemetery.

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri.

19. (a) 2-28-42 (b) Mrs. Susan Bridgman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour 11:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from did not attend 19____ to _____ 19____;
that I last saw him alive on dead _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilation of the heart. Duration 1/2 hr

Due to acute attack of bronchial asthma 1 hr.

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 95c 4

Major findings: Of operations none

Of autopsy viewed

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 3

23. Signature E. A. Thompson (M. D. or other) Cover

Address Breckenridge Mo Date signed 2-28-42

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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

Cramer Clark

Licensed Embalmer No. *3257*

P. O. Address *Kingston 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.