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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21897

Registration District No. 627 617 Primary Registration District No. 5818 Registrar's No. 89

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Rural-White Cloud Township
(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 years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Barnard-Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Frederick William Goff
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Emma Goff
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased September (Month) 12 (Day) 1876 (Year)
8. AGE: Years 65 Months 9 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace Barnard (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
12. FATHER Name Theodore L. Goff
13. Birthplace Minard Co. (City, town, or county) Ill. / (State or foreign country)
14. MOTHER Maiden name Eliza Ann Trick
15. Birthplace Ohio (City, town, or county) / (State or foreign country)
16. (a) Informant E.E. Goff
(b) Address Barnard, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Barnard, Mo.
18. (a) Signature of funeral director A. H. Pettijohn
(b) Address Oregon Mo.
19. (a) June 30 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 22, 1942, to July 23, 1942, that I last saw him alive on June 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Degenerated L. Inguinal Hernia - Myocardial Degeneration - Stroke

Due to .....

Other conditions (Include pregnancy within 3 months of death) 1220

Major findings:
Of operations .....
Of autopsy None

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature E. M. Findley (M. D. or other) MD
Address Gallatin, Mo. Date signed 6/28/42

1268 (Licensed Embalmer's Statement on Reverse Side)

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.