No. 2
9-4-41
-1. 30
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25864

State File No. 7108

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Morris

(c) City or town Council Grove 14 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME LAWRENCE C. GOODWIN

3. (b) If veteran, name war None

3. (c) Social Security No. 702-16-776

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mattie J. Goodwin

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 12, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	0	10	hr. min.

9. Birthplace Weston (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Missouri Pacific

FATHER
12. Name Lawrence Goodwin
13. Birthplace New Castle (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Etta Grove
15. Birthplace Cresent (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Mattie J. Goodwin
(b) Address Council Grove, Kansas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Osawatomie, Kansas

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) 8-25-42 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/22/42 day
year hour 3 45 minute P. M.

21. I hereby certify that I attended the deceased from 8/7/42, 19 to 8/22/42, 19;
that I last saw him alive on 8/22/42, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 day
Chronic Nephritis	2 yrs.
~~Due to~~ Hypertensive Heart Disease	
Due to	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 H. A. Badke (M. D. ~~or other~~)
Address Mo. Pacific Hosp. Date signed 8/22/42

844

(Licensed Embalmer's Statement on Reverse Side)

7108

7108

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25864

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7108

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: (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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Lawrence G. Goodwin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug (Month) 12 (Day) 1868 (Year)

8. AGE: Years 57 | Months 0 | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) OCT 2 1942 (Date received by local registrar) (b) J. F. Bulcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 12 year 1942 hour minute M.

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

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY