V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

27547

State File No. 27547

FILED SEP 9 1942

Registration District No. 7-1 Primary Registration District No. 4868 Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Wellington Twp (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 ..... In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town: Wellington (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.? ..... years.

3. (a) PRINT FULL NAME: Edgar Goodloe
3. (b) If veteran, name war: none
3. (c) Social Security No. 487-01-3925
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 3 (Day) 1894 (Year)
8. AGE: Years 47 Months 9 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace: Lafayette Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Coal Miner
11. Industry or business: Coal mining Farmer
FATHER 12. Name: Cosby Goodloe
FATHER 13. Birthplace: Lafayette Co. Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nancy J. Mitchell
MOTHER 15. Birthplace: Lafayette Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Manly Goodloe
(b) Address: Lexington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Grenton Cemetery
18. (a) Signature of funeral director: Green Funeral Home
(b) Address: Wellington Mo
19. (a) Aug-8-1942 (Date received local registrar) (b) Mrs W.J. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 8:30 minute ..... A.M.
21. I hereby certify that I attended the deceased from Collapse Heart failure to coroner, 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Hemo pericardium (2) Puncture heart (3) Hemo-thorax L side chest
Due to: Gun shot of chest
Due to: .....
Other conditions (Include pregnancy within 3 months of death): 166
Major findings: Of operations: .....
Of autopsy: Hemo Pericardium, Hemo Thorax Left side

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): Homicide
(b) Date of occurrence: .....
(c) Where did injury occur? Wellington Mo (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: Gunshot
23. Signature: J W Martin M.D. Coroner (M. D. or other)
Address: Odessa Mo Date signed 7/31/42

110 / (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-4-42

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 J. Carroll Sheil

Licensed Embalmer No. 8625

P. O. Address _____

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, above space should be left blank.