

FILED NOV 11 1942

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **157**

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marsh Run P.O.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 767 South Sumner
(If rural, give location)

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

3. (a) PRINT FULL NAME John Keith Goodwin

3. (b) If veteran, name war v

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1942 hour 7: minute 45 P.M.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Kellie Goodwin 6. (c) Age of husband or wife if alive 60 years

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

21. I hereby certify that I attended the deceased from 10/18 1942 to 10/20 1942
that I last saw him live on 10/20 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 7 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death: Pneumonia 36 hrs
peritonitis
Due to acute gastro-enteritis

Due to _____

Other condition: Pneumonia ✓
(Include pregnancy within 3 months of death)

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

Major findings: 120a

Of operations _____

Of autopsy Gen. peritonitis
+ no perforated vesicu

Underline the cause to which death should be charged statistically.

10. Usual occupation Insurance

11. Industry or business Fire - Trust

12. Name James E. Goodwin

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

14. Maiden name Mary Webb

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

16. (a) Informant John Keith Goodwin, Jr.

(b) Address Tulahoma City, Oklahoma

17. (a) Burial (b) Date thereof Oct 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Park

18. (a) Signature of funeral director Campbell-Rubin

(b) Address Marsh Run Mo

19. (a) Oct 23-42 (b) Mrs I O Westmark
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature W. H. P. D. (M.D. or other)

Address Marsh Run, Mo. Date signed 10/22/42

97
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

JAN 19 1943

File Number.....

Dated 11-10-42

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 R. W. Campbell
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.