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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40750**

FILED JAN 11 1942  
Registration District No. **28**

Primary Registration District No. **2000**

Registrar's No. **922**

39  
2  
6

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

1. PLACE OF DEATH: **Greene**  
 (a) County **Springfield**  
 (b) City or town. (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Conroute to Hospital 3**  
 (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

3. (a) PRINT FULL NAME **Goodwin Infant**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **740-74**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **Dec. 22, 1942**  
 (Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **0** If less than one day **3 hr. 30 min.**

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

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Mr. Melvin Goodwin**  
 13. Birthplace **Mound Valley Kansas** (City, town or county) (State or foreign country)  
 14. Maiden name **Dorothy Buck**  
 15. Birthplace **Springfield Mo** (City, town or county) (State or foreign country)

16. (a) Informant **Mr. Melvin Goodwin**  
 (b) Address **Conway, Mo**

17. (a) **Burial** (b) Date thereof **Dec 24 1942**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Conway, Mo**

18. (a) Signature of funeral director **Thieme Funeral Home**  
**1100 Boonville**  
 (b) Address

19. (a) **12 23 42** (b) **W H Handley**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Laclede**  
 (c) City or town **Conway** (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.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec** day **22** year **1942** hour **9** minute **P** M.  
 21. I hereby certify that I attended the deceased from **12-22, 1942** to **12-22, 1942**  
 that I last saw him **alive on 12-22, 1942**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**  
 Due to \_\_\_\_\_  
 Due to **159**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 **0**  
 23. Signature **W H Handley** (M. D. or other) **MD**  
 Address **Conway** Date signed **12-22-42**

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**