

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11621

Do not use this space.

APR 12 1943

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 325
(b) Township _____ Primary Registration District No. 4476 Registered No. 58
(c) City Downing mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lela Josephine Goff

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF D. A. Goff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 25

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co mo.

13. NAME Robert Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME alicee Earley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) D. A. Goff

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. moriah DATE Mar 14 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Loyd moore Downing mo.

20. FILED Mar. 13 19 43 Ed. Justice Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 19 43

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1942 to Mar 12 1943
I last saw her alive on Mar 12 1943 Death is said to have occurred on the date stated above, at 3:12 p.m.

The principal cause of death and related causes of importance were as follows:

Result of Auto injury Nov 25 - 1942. Badly lacerated causing bad heart myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Head
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) H. E. Green M. D.
(Address) Downing Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 4-42-705
Date Filed APR 10 1943

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore
Licensed Embalmer No. 3151
P. O. Address Doubling m.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11621
Registrar's No. 588

Registration District No. 328

Primary Registration District No. 4476

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Dawnning
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Tela Josephine Goff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 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 Sept 9 (Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Dawnning (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 12 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him/her alive on March 12/43 and that death occurred on the date and hour stated above.

Immediate cause of death Result of auto
accident, Missouri no. 251942 and
a gas tank causing a
burst. Duration _____

Due to heart.
Due to myocarditis.

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

Major findings: Of operations _____

Of autopsy none

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? Dawnning Mo. (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 The air
out of car by another driver
23. Signature W.E. Egan (M. D. or other) _____

Address Dawnning Mo. Date signed _____

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

SUPPLEMENTARY

S-11621