7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18231

State File No.

FILED JUN 7 1943

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Lexington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2115 Main (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: 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lafayette

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

(d) Street No.: 2115 Main (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Catherine Goodwin Herd

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: Married

6. (b) Name of husband or wife: Wm C. Herd

6. (c) Age of husband or wife if alive: 85 years

7. Birth date of deceased: Mar (Month) 31 (Day) 1868 (Year)

8. AGE: Years 75 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: Thomas Goodwin

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

MOTHER 14. Maiden name: Not Known

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

16. (a) Informant: Mrs Margaret Goffin

(b) Address: Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington, Mo

18. (a) Signature of funeral director: W. Kirk

(b) Address: Lexington, Mo

19. (a) June 2-43 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from April, 1942, to May 5th, 1943, that I last saw him alive on May 4th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 94a

Major findings:
Of operations:

Of autopsy: Home made

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: C

23. Signature: G. W. Fredendall (M. D. or other)

Address: Lexington, Mo. Date signed: 6-2-43

(Licensed Embalmer's Statement on Reverse Side)

Freeland.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-5-42

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington 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.