

U. S. No. 10M-17-39  
I X3277

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Allan  
24267  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

ED AUG 23 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5087

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

1. PLACE OF DEATH: BATES HOWARD TWP.

(a) County: BATES

(b) City or town: RURAL RICH HILL MO.  
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 60 YEARS (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Bates

(c) City or town: Rural Rich Hill  
(If outside city or town limits, write "RURAL.")

(d) Street No.: Village of Springs  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: ALBERT GOODWIN

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: 1

6. (b) Name of husband or wife: MARY ELIZABETH GOODWIN 6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: JUNE 14 1869  
(Month) (Day) (Year)

8. AGE: Years: 74 Months: 1 Days: 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: BUCHANAN CO MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: \_\_\_\_\_

12. Name: KINSEY GOODWIN

13. Birthplace: BUCHANAN CO. MO.  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Jordan

15. Birthplace: Buchanan Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary E. Fletcher

(b) Address: Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 21 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: Rider Cem. Rich Hill Mo.

18. (a) Signature of funeral director: Booper

(b) Address: Rich Hill Mo.

19. (a) 7/31/43 (Date received local registrar) (b) W. M. Colman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 29 year: 1943 hour: 12:45 minute: 0 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to July 29 1943 that I last saw him alive on July 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis

Due to: Hypertension

Other conditions: (Include pregnancy within 3 months of death) 93d

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: \_\_\_\_\_

23. Signature: W. M. Colman (M. D. or other)

Address: Rich Hill Mo. Date signed: July 30 1943

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

7-43-714

Date Filed

8-4-43

**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

*John J. Anderson*

Licensed Embalmer No.

3585

P. O. Address

*Butler 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.**