S. No. 2
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X35697

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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

Jonda

State File No. 27797

FILED SEP 14 1943

Registration District No. 14

Primary Registration District No. 3007

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hosp 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 7

(d) Street No. North Poplar Bluff (If rural, give location) 3

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

If yes, name country 0

3. (a) PRINT FULL NAME William Edw. Goins

3. (b) If veteran, name war —

3. (c) Social Security No. 495-14-3703

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 1, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Poplar Bluff, Mo (City, town or county) 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business State Bank

FATHER
12. Name Marion J. Goins
13. Birthplace ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nye Davis

(b) Address Poplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 8-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn—Poplar Bluff, Mo

18. (a) Signature of funeral director Frank—Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 8-20-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1943 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from 8-9-43, 19..., to 8-11, 1943 that I last saw him alive on 8-11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & chronic nephritis & Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 [illegible]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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

23. Signature [illegible] (M. D. or other)

Address Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 943-1177
Date Filed 9-13-43

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.