S. No. 2
M—2-43
5-17-39
I X35697

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

State File No. 29007

SEP 7 1943

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 259

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hrs. (Specify whether
In this community 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4

(d) Street No. 1204 S Harrison
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Myrtle May Goff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Robert Andrew Goff

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan. 11 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Ira Quigley
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Richardson
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Goff
(b) Address Sedalia Mo.

17. (a) burial
(Burial, cremation, or removal)
(b) Date thereof Aug. 11 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 8/11/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th
year 1943 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from Aug 9th, 1943, to Aug 9th, 1943
that I last saw her alive on Aug 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull — Duration 6 hrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence Aug 9th 1943 132

(c) Where did injury occur? Sedalia Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
(Specify type of place)
While at work? No (e) Means of injury Auto Collision

23. Signature Wm Beckemeier (M. D. or other) M.D.
Address Sedalia Mo Date signed 8/11/43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.