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4-542  
5-173  
6-1 X327

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32166

FILED OCT 2 - 1943

State File No. \_\_\_\_\_

Registration District No. 236

Primary Registration District No. 5819

Registrar's No. 32

**1. PLACE OF DEATH:**

(a) County MORGAN

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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) 6 DAYS

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State OKLAHOMA (b) County GARFIELD <sup>999</sup>

(c) City or town ENID <sup>34</sup>  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 2

**3. (a) PRINT FULL NAME** RICHARD ALLEN McGOON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-03-5147

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month SEPT. day 24  
year 1943 hour \_\_\_\_\_ minute 7 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife OLGA Jackson County 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 15 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death CORONARY OCCLUSION

9. Birthplace Iowa (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions DROPPED DEAD WHILE AT WORK  
(Include pregnancy within 3 months of death)

10. Usual occupation Field Inspector - Insurance

11. Industry or business Insurance

Major findings: Of operations \_\_\_\_\_

Of autopsy NONE <sup>94a</sup>

MOTHER FATHER

12. Name Albert R. McGoon

13. Birthplace Iowa (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Mrs. Schaefer

15. Birthplace Scotland (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. A. McGoon

(b) Address Enid, Oklahoma

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation R.K.C. mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director H. T. Caldwell

(b) Address Enid, Okla.

19. (c) 9-25-1943 (Date received local registrar) (b) Ray Berbestreiser (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury ?

23. Signature L. E. Buchanan-CORNER (M. D. or other) \_\_\_\_\_

Address Enid, Okla. Date signed 9-24-43

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

3 copies

71  
0  
0

1029

OCT 4 1943

RECEIVED

District Health Officer No. 7,

District File Number 9-43-950

Date Filed 10-1-43

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**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 W. F. Kennell

Licensed Embalmer No. 1596

P. O. Address Verona, N. J.

**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.**