

FILED DEC 13, 1943

Registration District No. 139

Primary Registration District No. 3127

Registrar's No. 94

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

49  
6  
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
1123 Daugherty  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City  
(If outside city or town limits, write "RURAL.")

(d) Street No. 1123 Daugherty  
(If rural, give location)

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

3. (a) PRINT FULL NAME Eli Goodwin

3. (b) If veteran, name war no data

3. (c) Social Security No. 496-10-4961

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Elizabeth Goodwin

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

7. Birth date of deceased September 18, 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>25</u>	hr. _____ min.

9. Birthplace Preston, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Rogers Foundry

MOTHER FATHER

12. Name George Goodwin

13. Birthplace no data no data  
(City, town, or county) (State or foreign country)

14. Maiden name Marr Shank

15. Birthplace no data Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Widow; Elizabeth Goodwin

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 11/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) Nov 16, 1943 (b) Mrs. Lillie Page  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13  
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 10-14- 1943, to 11-13- 1943  
that I last saw him alive on 11-12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart

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

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

Other conditions Myocarditis  
(Include pregnancy within 3 months of death)

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

Of autopsy 9321

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature E. W. Day (M. Donath)  
Address Webb City, Mo. Date signed 11-16-43

43-11-1002

DEC 20 1942

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.....  
Licensed Embalmer No. 2887  
P. O. Address Steh City, 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.