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

41610

State File No.

FILED JAN 5 1944

Registration District No. 1442 Primary Registration District No. 1000 Registrar's No. 1434

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(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)
In this community: 80 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1805 Howard Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Nathan Duval Goff
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mary Goff
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 21 (Day) 1853 (Year)
8. AGE: Years 90 Months 4 Days 16 If less than one day hr. min.
9. Birthplace: Union Mills (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business:
FATHER 12. Name: Abbot P. Goff
13. Birthplace: Unknown (City, town, or county) West Virginia (State or foreign country)
MOTHER 14. Maiden name: Susan Williams
15. Birthplace: Unknown (City, town, or county) W. Virginia (State or foreign country)
16. (a) Informant: Robt. G. Maxwell
(b) Address: 6th. & Edmond St., St. Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/8/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St., St. Joseph, Mo.
19. (a) 12-8-43 (Date received local registrar) (b) Rose Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th. year 1943 hour 6:00 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 4, 1943, to Dec 7, 1943; that I last saw him alive on Dec. 7, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of skull — left	12-3-43
Due to: Embolism, pulmonary	12-7-43
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: Dec. 3, 1943 131
(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his home (Specify type of place)
While at work? at home (e) Means of injury: Fell down
23. Signature: L. P. Lemon MD (M. D. or other)
Address: St. Joseph, Mo Date signed 12-8-43

1257 (Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.