

FILED APR 14 1948
Registration District No. _____

Primary Registration District No. **6070**

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

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

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

(c) Name of hospital or institution: 1
(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 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. FRANCOIS

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARENCE W^M GOODWIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife DOLLIE METGALF

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

7. Birth date of deceased 3 11 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Goodwin

(b) Address Knobloch, Mo.

17. (a) Burial (b) Date thereof 3-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crossroads (near Farmington)

18. (a) Signature of funeral director Farmington, Ind. Co.

(b) Address Farmington, Mo.

19. (a) 3-25-44 (b) Donald Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year 1944 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from MAY 19 1944 to MAY 22 1944
that I last saw him alive on MAY 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Duration _____

Due to _____

Due to _____

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

108

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) _____

(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) (Means of injury)

23. Signature R. G. Phillips (M. D. or other) _____
Address Farmington, Mo. Date signed 3-25-44

1373

RECEIVED

District Health Officer No. 4
District File Number 44-3713
Date Filed 4-12-44

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. Cozart*
Licensed Embalmer No. 4084
P. O. Address *Farmington, 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.