

No. 2
1-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14243

FILED APR 20 1944
Registration District No. 42

Primary Registration District No. 2007

State File No.

Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days
(Specify whether
In this community lifetime
years, months or days)

3. (a) PRINT FULL NAME Patricia Joan Goodwin
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 27, 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 5 26 hr. min.

9. Birthplace Paplar Bluff Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name J. L. Goodwin
13. Birthplace Panola Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Neil Casebolt
15. Birthplace Harviell Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Goodwin
(b) Address Paplar Bluff Mo.

17. (a) burial (b) Date thereof 3-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director FRANK Cotter
(b) Address Paplar Bluff Mo.

19. (a) 3-31-44 (b) Belle Finnel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Paplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 732 MADE ST.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-20 1944 to 3-23 1944
that I last saw him alive on 3-21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration _____

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) _____
(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 [Signature] (M. D. or other) _____
Address [Address] Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 444-633

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Poplar Bluff 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.