V. S. No. 2
00M—8-43
5-17-39
I X37823

64
3
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22015

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 217

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No.: 212 S. 10th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Charles F Goyette
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower 2
6. (b) Name of husband or wife: Cecile
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 8 (Day) 1878 (Year)

8. AGE: Years 65 Months 7 Days 13 If less than one day hr. min.

9. Birthplace: Chicago (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business:
MOTHER FATHER
12. Name: Zachery Goyette
13. Birthplace: Kamouraska (City, town, or county) Canada (State or foreign country)
14. Maiden name: Virginia Larue
15. Birthplace: Kamouraska (City, town, or county) Canada (State or foreign country)
16. (a) Informant: Mrs Marie Thompson
(b) Address: Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary Cemetery
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal, Mo.
19. (a) 6-27-44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1944 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 1 1944 to June 5 1944 that I last saw him alive on June 5 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	"Last"
Due to: Coronary Sclerosis x 2 yrs	
Due to: Myocarditis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93d	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or ~~Coroner~~)
Address: Hannibal Mo Date signed: Jun 24 44

146 (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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hanover

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.