S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37097

FILED DEC 4 1944

Registration District No. 4

Primary Registration District No. 4038

Registrar's No. 45

**1. PLACE OF DEATH:**

(a) County Benton

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community lifetime
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Benton

(c) City or town Warsaw
(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** Nace Goff

3. (b) If veteran, name war none

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 Stella Goff

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

7. Birth date of deceased Aug. 11 1876
(Month) (Day) (Year)

**8. AGE:** Years 68 | Months 2 | Days 14 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Arch Goff
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah McCool
15. Birthplace Unknown Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Goff
(b) Address Kansas City, Kansas

17. (a) burial (b) Date thereof 10-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warsaw Cemetery

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Missouri

19. (a) Nov 7-1944 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Oct day 25
year 1944 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from aug 10, 1944, to Oct 25, 1944
that I last saw him alive on 10-25-1944
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary Hemorrhage | 30 days |
| Due to Perhaps Tuberculosis but Sputum Negative | ? |
| Due to | |
| Other conditions Bronchitis (Include pregnancy within 3 months of death) | years? |

Major findings:
Of operations —
Of autopsy —

13 b

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 James Logan (M. D. or other) MD
Address Warsaw Mo Date signed 10/26/44

65 (Licensed Embalmer's Statement on Reverse Side)

RE[illegible] [illegible]er No. 7,
L[illegible] 11-44-1304
[illegible] 12-2-44
Date Filed

DEC 28 1944

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**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 Warsaw, 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.**