

FILED FEB 15 1945

Registration District No.

Primary Registration District No. 3004

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
17th & Jefferson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 4 years / (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME John William Goodyear3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Bertha Poyser 6. (c) Age of husband or wife if alive dec. years7. Birth date of deceased. April 10, 1866
(Month) (Day) (Year)8. AGE: Years 78 Months 9 Days 13 If less than one day
hr. min.9. Birthplace Fishlake Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Painter11. Industry or business Retired12. Name Mathias Goodyear13. Birthplace Tifton, Ohio
(City, town, or county) (State or foreign country)14. Maiden name Marla Huston15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Viola Niles(b) Address Middlebury, Indiana17. (a) 1-25-45 (b) Date thereof Removal
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Middlebury, Ind.18. (a) Signature of funeral director Sibson Funeral Home
Lamar, Missouri(b) Address Lamar, Missouri19. (a) 1-25-45 (b) E. L. Sibson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
 (c) City or town Lamar /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 17th & Jefferson /
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1945 hour 5:30 minute P. M.21. I hereby certify that I attended the deceased from January 20, 1945, to Jan. 24, 1945,
that I last saw him alive on Jan. 24, 1945,
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Disease; Heart Attack
Due to Old ageDue to Old ageOther conditions None
(Include pregnancy within 3 months of death)Major findings: Of operations 94a

Of autopsy.....

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 023. Signature D. Guldner (M. D. or other).....Address Lamar, Missouri Date signed 1-25-4

Duration

3M

PHYSICIAN

Underline the cause to which death should be charged statistically.

07-02-01

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.....


E. O. Gibson

Licensed Embalmer No. 4137

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(c) Name of hospital or institution 17th & Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME John William Goodyear
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 W
6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 10 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days _____ If less than one day _____ min.
9. Birthplace Franklin Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business _____

MOTHER FATHER
{ 12. Name Martha Goodyear
{ 13. Birthplace Linton Ohio
(City, town, or county) (State or foreign country)
{ 14. Maiden name Maria Huston
{ 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Miller
(b) Address Middlebury, Indiana
17. (a) 1-25-45 (b) Date that of _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Middlebury Ind.
18. (a) Signature of funeral director Gipson J. Johnson
(b) Address 1-25-45 Lamar Mo.
19. (a) March 26-45 (b) Martha Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 17th & Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

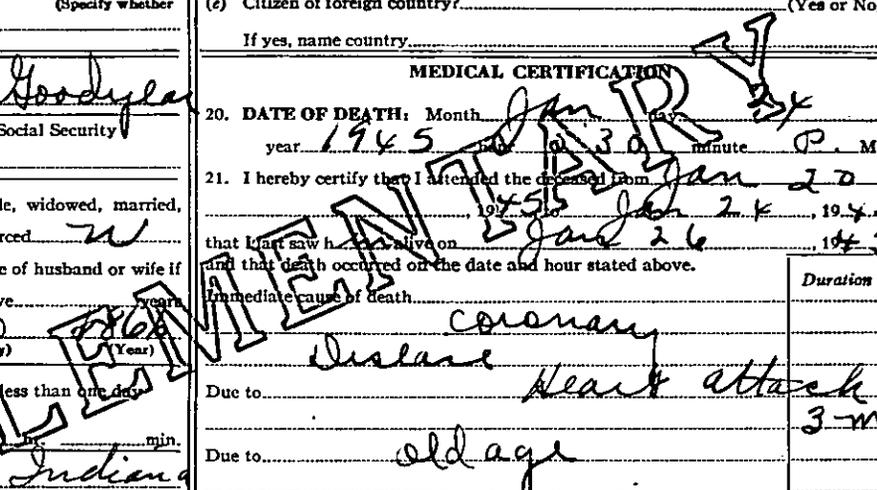
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan Year 1945 Day 30 Minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan 20 to Jan 26, 1945
that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death coronary disease

Due to Heart attack Duration 3-m
Due to old age
Other conditions: (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94
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 D. Guelmer (M. D. or other) MD
Address Lamar Mo Date signed 3-25-45

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



RECEIVED

District Health Officer No. 8,

District File Number 345-374

Date Filed MAR 29 1945