V. S. No. 2
10M—8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17054

FILED MAY 17 1945

Registration District No.

Primary Registration District No. 4213

Registrar's No. 82

12
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0

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Brownington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 30 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Albert Gordon Goff
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 Widow
6. (b) Name of husband or wife Basil
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 7 (Month) 9 (Day) 9 (Year)

8. AGE: Years 70 Months 8 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Henderson (City, town, or county) Ill (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
FATHER 12. Name Turner G. Goff
13. Birthplace (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name Philander Cook
15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Ruby F. Terry
(b) Address Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Albany Mo
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) April 12th (Date received local registrar) (b) Myrtle Brownlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 year 1945 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Dead on Arrival, 19__, to ___, 19__; that I last saw h__ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death found dead in yard of home presumably from Coronary Occlusion as he had heart trouble for years — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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 Dr. R. L. Halliger... Coroner
Address Clinton Mo Date 4/10/45

1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di... Officer No. 7
Dist... 4-46-445
Date Filed 5-18-45

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 Fred Williamson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.