V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23917

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry (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 ✓ (Specify whether In this community years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 58

(c) City or town Stanberry 3 (If outside city or town limits, write "RURAL")

(d) Street No. N. 1 St. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Mr Andrew Goodwine

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Adel Goodwine

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

7. Birth date of deceased July (Month) 29 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	1	✓ hr. ✓ min.

9. Birthplace Gentry Co (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER
12. Name Washington Goodwine
13. Birthplace Fielding (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Cunningham
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Rosa Goodwine

(b) Address 405 21 St. Gueller

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/45 (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry Mo

18. (a) Signature of funeral director Laton H. Phillips

(b) Address Stanberry Mo

19. August 3-1945 (Date received local registrar) Howard M. Mikles (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 30 year 1945 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 12-1945 to July 30, 1945, to ..., 19..; that I last saw him alive on July 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	
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? (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature R H Beets D.O. 2 (~~M. D. or other~~)

Address Stanberry Mo Date signed 7/31-45

1108

(Licensed Embalmer's Statement on Reverse Sid

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 Laton F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.